

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE
AND THE
APPLICATION REVIEW SUBCOMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
REGULAR MEETING

LOCATION: 1999 HARRISON STREET
SUITE 1650
OAKLAND, CALIFORNIA

DATE: MAY 23. 2019
9 A.M.

REPORTER: BETH C. DRAIN, CSR
CA CSR. NO. 7152

FILE NO. : 2019-12

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CLOSED SESSION	NONE
10. DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEM "9" ABOVE. (HEALTH & SAFETY CODE 125290.30(F) (3) (B) AND (C)).	

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1 OAKLAND, CALIFORNIA; THURSDAY, MAY 23, 2019

2 9:00 A.M.

3

4 CHAIRMAN THOMAS: GOOD MORNING, EVERYBODY.

5 I'D LIKE TO WELCOME YOU TO THE MAY 2019 REGULAR

6 MEETING OF THE ICOC AND APPLICATION REVIEW

7 SUBCOMMITTEE.

8 MARIA, WILL YOU PLEASE CALL THE ROLL.

9 MS. BONNEVILLE: GEORGE BLUMENTHAL.

10 DR. BLUMENTHAL: HERE.

11 MS. BONNEVILLE: LINDA BOXER.

12 DR. BOXER: PRESENT.

13 MS. BONNEVILLE: KEN BURTIS.

14 DR. BURTIS: HERE.

15 MS. BONNEVILLE: DEBORAH DEAS. ANNE-MARIE

16 DULIEGE. JUDY GASSON. DAVID HIGGINS.

17 DR. HIGGINS: HERE.

18 MS. BONNEVILLE: STEPHEN JUELSGAARD.

19 MR. JUELSGAARD: PRESENT.

20 MS. BONNEVILLE: SHERRY LANSING.

21 MS. LANSING: HERE.

22 MS. BONNEVILLE: LINDA MALKAS. DAVE

23 MARTIN.

24 DR. MARTIN: PRESENT.

25 MS. BONNEVILLE: SHLOMO MELMED.

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1 DR. MELMED: HERE.
2 MS. BONNEVILLE: LAUREN MILLER. ADRIANA
3 PADILLA.
4 DR. PADILLA: HERE.
5 MS. BONNEVILLE: JOE PANETTA.
6 MR. PANETTA: HERE.
7 MS. BONNEVILLE: FRANCISCO PRIETO.
8 DR. PRIETO: HERE.
9 MS. BONNEVILLE: ROBERT QUINT. AL
10 ROWLETT.
11 MR. ROWLETT: HERE.
12 MS. BONNEVILLE: SUZANNE SANDMEYER. JEFF
13 SHEEHY.
14 MR. SHEEHY: HERE.
15 MS. BONNEVILLE: OSWALD STEWARD. JONATHAN
16 THOMAS.
17 CHAIRMAN THOMAS: HERE.
18 MS. BONNEVILLE: ART TORRES.
19 MR. TORRES: HERE.
20 MS. BONNEVILLE: KRISTINA VUORI.
21 DR. VUORI: HERE.
22 MS. BONNEVILLE: DIANE WINOKUR.
23 MS. WINOKUR: HERE.
24 MS. BONNEVILLE: KEITH YAMAMOTO. DOUG
25 ZIEDONIS.

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1 DR. ZIEDONIS: HERE.

2 MS. BONNEVILLE: DEBORAH DEAS, I THINK YOU
3 ARE ON THE LINE. ARE YOU ON MUTE? WE WILL FIGURE
4 THAT ONE OUT.

5 DR. DEAS: HERE.

6 CHAIRMAN THOMAS: THANK YOU, VERY MUCH,
7 MARIA.

8 WE WILL GO NOW TO ITEM NO. 3, THE CHAIR'S
9 REPORT. JUST A BRIEF COMMENT ON BRIDGE FUNDING.
10 WHILE EFFORTS ARE CONTINUING APACE AT THIS MOMENT, I
11 HAVE NO NEWS TO REPORT TO THE BOARD WITH RESPECT TO
12 ADDITIONAL FUNDS IN HAND. HOWEVER, AT SUCH TIME AS
13 THAT MAY CHANGE, I WILL BE BACK TO THE BOARD WITH
14 BOTH INFORMATION AND IF ANYTHING REQUIRES --

15 MS. LANSING: COULD YOU TALK LOUDER
16 PLEASE? WE CANNOT HEAR YOU ON THE PHONE.

17 CHAIRMAN THOMAS: OKAY. IS THAT BETTER,
18 SHERRY?

19 MS. LANSING: NOW IT'S BETTER.

20 CHAIRMAN THOMAS: OKAY. START OVER AGAIN.

21 SO AS I WAS SAYING, WITH RESPECT TO THE
22 BRIDGE FUNDING, THOUGH FUND-RAISING EFFORTS CONTINUE
23 APACE AT THE MOMENT, THAT I HAVE NO NEWS TO REPORT
24 TO THE BOARD WITH RESPECT TO ADDITIONAL MONIES IN
25 HAND. HOWEVER, AT SUCH TIME AS DEVELOPMENTS CHANGE,

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1 I'LL BE BACK TO THE BOARD TO LET YOU KNOW ABOUT SUCH
2 DEVELOPMENTS AND TO HAVE DISCUSSION AND ANY
3 APPROVALS FROM THE BOARD THAT MIGHT BE NECESSARY TO
4 PROCEED WITH THAT DEVELOPMENT.

5 SO THAT IS ALL I'M GOING TO SAY ON THIS AT
6 THIS PARTICULAR MOMENT. GO ON TO --

7 MR. SHEEHY: I JUST -- COULD YOU GIVE A
8 LITTLE MORE TEXTURE BECAUSE -- AT LEAST TO INFORM
9 OUR POTENTIAL APPLICANTS? SO WE ARE NOT ACTIVELY
10 ANTICIPATING ANY MONEY COMING IN?

11 CHAIRMAN THOMAS: AT THIS POINT WE DO NOT
12 HAVE ANY MONEY IDENTIFIED, THAT'S CORRECT.

13 MR. SHEEHY: WE'RE, WHAT, THIS IS MARCH OF
14 THE 2019 -- SO MAY OF 2019. SO WE HAVE ONLY GOT
15 PERHAPS A YEAR UNTIL THE BALLOT MEASURE IS UP. AND
16 SO I'M JUST TRYING TO THINK -- ARE WE REALLY WORKING
17 THROUGH THE VERY LAST OF OUR MONEY RIGHT NOW? IS
18 THAT THE ASSUMPTION THAT WE SHOULD START -- THAT WE
19 SHOULD BE MAKING AS WE MOVE FORWARD?

20 CHAIRMAN THOMAS: I THINK, AS I SAID, AS
21 WE SIT HERE TODAY, AS WE HAVE NO ADDITIONAL MONEY
22 IDENTIFIED YET, THAT WE HAVE TO PROCEED WITH THAT
23 ASSUMPTION. SO THE NEW INITIATIVE WOULD BE A YEAR
24 AND A HALF FROM NOW. AND WE PROJECT PROBABLY
25 RUNNING OUT OF FUNDS, I THINK, AT THIS POINT,

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1 SOMETIME, DR. MILLAN, THIRD QUARTER?

2 DR. MILLAN: LATE THIS, YEAR EARLY NEXT
3 YEAR.

4 CHAIRMAN THOMAS: LATE THIS YEAR, EARLY
5 NEXT YEAR.

6 MR. SHEEHY: HOW LONG HAVE WE BEEN
7 FUND-RAISING?

8 CHAIRMAN THOMAS: SEVERAL YEARS.

9 MR. SHEEHY: IS THERE ANY REASON TO BE
10 OPTIMISTIC THAT THE SITUATION WILL CHANGE?

11 CHAIRMAN THOMAS: UNTIL I'M ABLE TO COME
12 TO SAY THAT THAT WILL CHANGE, THAT WE ARE WHERE WE
13 ARE AT THE MOMENT.

14 MR. SHEEHY: JUST IN TERMS OF
15 TRANSPARENCY, I JUST WANTED THERE TO BE SOME
16 CLARITY. THAT WE'RE PROBABLY DEFINITELY OPERATING
17 IN THE SPACE WITH THE MONEY WE HAVE RIGHT NOW IS ALL
18 THE MONEY WE'RE GOING TO HAVE IN TERMS OF THIS
19 PRESENT ITERATION OF CIRM.

20 CHAIRMAN THOMAS: I BELIEVE THAT IS THE
21 ASSUMPTION WE HAVE TO OPERATE ON AT THIS POINT.

22 MR. SHEEHY: THANK YOU.

23 CHAIRMAN THOMAS: BUT I WILL BE BACK.

24 MS. LANSING: CAN I JUST ADD I AGREE WITH
25 JEFF. I THINK TRANSPARENCY IS REALLY IMPORTANT.

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1 OPTIMISM IS GREAT, BUT I THINK WE HAVE TO BE
2 TRANSPARENT AND OPTIMISTIC AT THE SAME TIME.

3 MR. SHEEHY: THANK YOU, SHERRY. BECAUSE
4 ONE POINT IS, AT LEAST FOR ME, WHEN I TALK TO
5 PEOPLE, I WANT TO BE VERY CLEAR THAT PEOPLE ARE
6 REALLY EAGER TO SEE SOMETHING GET FUNDED. IF THEY
7 WANT TO SEE MORE SITES CONTINUE, THE ANSWER TO THAT
8 IS WE HAVE A CAMPAIGN COMING UP. I KNOW THAT WE AS
9 A BOARD CAN'T ENGAGE IN THAT FORMALLY, BUT CERTAINLY
10 WE CAN LET PEOPLE KNOW THAT THAT'S THE PLACE WHERE
11 OUR ENERGY AND FOCUS SHOULD BE, TELLING PEOPLE OUR
12 GREAT STORY OF ALL THE PHENOMENAL WORK THAT WE'VE
13 DONE, LETTING PEOPLE KNOW THAT THE NEED IS THERE,
14 AND, IF ANYTHING, IS MORE URGENT THAN EVER BECAUSE
15 WE'RE NOT AT THE POINT WHERE WE'RE PRODUCING CURES.

16 MS. LANSING: I ALSO WANT TO ADD TO THAT,
17 JEFF, THAT AT SOME POINT WE SHOULD STOP TAKING
18 APPLICATIONS SO PEOPLE AREN'T JUST APPLYING UNDER
19 FALSE PRETENSES WHEN WE DON'T HAVE THE MONEY.

20 MR. SHEEHY: THAT MAKES A LOT OF SENSE, I
21 THINK.

22 MS. LANSING: BECAUSE IT TAKES SO MUCH TO
23 DO AN APPLICATION, AND I HATE THE FACT THAT SOMEBODY
24 WOULD BE DOING AN APPLICATION WHEN WE KNOW THAT WE
25 HAVE A LIMITED AMOUNT OF MONEY LEFT. AND I THINK WE

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1 HAVE TO MAKE THAT CLEAR TO PEOPLE SO THAT NO ONE
2 SAYS ALOUD, UNDER FALSE PRETENSES, I SPENT 20 HOURS
3 DOING AN APPLICATION AND YOU KNEW YOU COULDN'T FUND
4 IT.

5 MR. SHEEHY: I THINK THAT'S A GREAT POINT.

6 CHAIRMAN THOMAS: THANK YOU, SHERRY.

7 ANY OTHER COMMENTS ON THIS TOPIC? OKAY.

8 THANK YOU.

9 MOVING ON, SINCE WE DID NOT HAVE AN
10 IN-PERSON MEETING IN MARCH AS WE USUALLY DO, ONE OF
11 THE THINGS I LIKE TO HIGHLIGHT EVERY YEAR THAT WE
12 DIDN'T HAVE A CHANCE TO WAS AT THE JP MORGAN MEETING
13 IN JANUARY, THE ALLIANCE FOR REGENERATIVE MEDICINE,
14 ARM, ALWAYS DOES A STATE-OF-THE-INDUSTRY REPORT AND
15 TYPICALLY TO A PACKED HOUSE IN SAN FRANCISCO.

16 AND AT THAT MEETING THEY ALWAYS HAVE A
17 NUMBER OF INTERESTING AND REVEALING SLIDES WITH
18 STATISTICS ON NUMBERS OF COMPANIES AND FINANCINGS
19 AND SORT OF STATE OF THE UNION. THE GENERAL
20 OVERTONE OF THE PRESENTATION WAS THINGS ARE GREATLY
21 ACCELERATING, AND THAT THE NUMBER OF COMPANIES IS
22 GROWING EXPONENTIALLY, THE NUMBER OF FINANCINGS IS
23 GROWING, THE SIZE OF THE FINANCINGS ARE GETTING
24 BIGGER. AND I HAVE A COUPLE OF SLIDES HERE, DOUG,
25 IF YOU HELP ME OUT HERE.

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1 FOR THOSE OF YOU ON THE PHONE, YOU'LL HAVE
2 TO SORT OF -- I WILL STATE THE POINTS THAT I'M
3 TRYING TO MAKE BASED ON THESE SLIDES WHICH WE'RE
4 GETTING UP ON THE SCREEN IN A SECOND.

5 SO THIS IS ARM'S 2018 REPORT. NEXT SLIDE
6 PLEASE.

7 GOING TO SLIDE 6. SO THIS SHOWS THAT, THE
8 BEST ARM CAN TELL, THERE ARE 906 COMPANIES NOW IN
9 THE REGENERATIVE MEDICINE SPACE WORLDWIDE. AS YOU
10 CAN SEE, THE BULK OF THOSE ARE IN THE UNITED STATES
11 WITH A SIGNIFICANT NUMBER IN EUROPE.

12 MS. LANSING: HOW MANY DID YOU SAY THERE
13 WERE? I COULDN'T HEAR THAT.

14 CHAIRMAN THOMAS: 906 PLUS --

15 MS. LANSING: THANK YOU. THANK YOU.

16 CHAIRMAN THOMAS: -- IS THE NUMBER THAT
17 THEY GIVE. OF THAT, A BIT MORE THAN HALF ARE IN THE
18 UNITED STATES. NEXT SLIDE PLEASE. NEXT ONE.

19 SO THIS IS A BIT OF A BUSY SLIDE, BUT IT
20 TALKS ABOUT GLOBAL FINANCINGS, WHICH ARE UP, AND IT
21 TALKS ABOUT BOTH CORPORATE PARTNERSHIPS, TALKS ABOUT
22 IPO'S, TALKS ABOUT FOLLOW-ON FINANCINGS, WHICH ARE
23 THINGS LIKE ADDITIONAL PRIVATE EQUITY RAISES AND
24 VENTURE FINANCINGS AND M&A. IF YOU CAN SEE ON THIS
25 SLIDE, ALL OF THESE CATEGORIES ARE WAY UP.

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1 THERE WERE A NUMBER OF IPO'S IN THE FIELD
2 INCLUDING ONE OF OUR GRANTEES, ORCHARD THERAPEUTICS,
3 WHICH HAD AN IPO OF 225 PLUS MILLION DOLLARS. THERE
4 WAS ADDITIONAL IPO ACTIVITY FOR SANGAMO IN THE
5 AMOUNT OF \$230 MILLION. OF THE M&A ACTIVITY, AS YOU
6 CAN SEE UP THERE, THEY HAD ABOUT \$19 BILLION WORTH
7 OF ACQUISITIONS LED BY THE CELGENE ACQUISITION OF
8 JUNO, WHICH WAS ABOUT \$9 BILLION. THEY HAD A NUMBER
9 OF PARTNERSHIPS THAT WERE FORMED THAT CONSTITUTED A
10 55-PERCENT INCREASE IN UPFRONT DOLLARS COMMITTED
11 THROUGH THOSE PARTNERSHIPS. GILEAD AND KITE BEING
12 THE LARGEST OF THOSE WORTH ABOUT 3.16 BILLION. IN
13 ANY EVENT, YOU CAN SORT OF GO DOWN THIS LIST, YOU
14 GET THE IDEA THAT THE SECTOR, IN TERMS OF CELL AND
15 GENE THERAPY AS WELL AS TISSUE ENGINEERING, WHICH IS
16 INCLUDED IN THIS, WERE REALLY GOING GREAT GUNS.

17 ONE OF THE THINGS THAT RESULTED FROM THAT
18 WAS THE THEN FDA COMMISSIONER SCOTT GOTTLIEB
19 ANTICIPATING THE NEED FOR INCREASED REGULATORY
20 SUPPORT FOR THE SECTOR TO KEEP PACE WITH ALL OF THE
21 ACCELERATED DEVELOPMENT IN TREATMENTS. AND I THINK
22 THAT YOU'RE DEFINITELY STARTING TO SEE THAT HAPPEN.

23 ONE OF THE THINGS THAT DEMONSTRATES THAT
24 IS THE SO-CALLED RMAT DESIGNATION WHICH ACCELERATES
25 THE PACE OF REGULATORY APPROVAL, OF WHICH LAST YEAR

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1 WE HAD CAPRICOR AND POSEIDA WERE TWO OF THE
2 DESIGNATIONS. AND THOSE, AS YOU RECOGNIZE, ARE
3 GRANTEES OF CIRM.

4 THIS IS JUST ANOTHER WAY OF SHOWING THE
5 TOTAL FINANCINGS BY YEAR, WHICH IS SORT OF RECAPPING
6 WHAT I JUST SAID. YOU CAN TELL JUST A LOT OF THINGS
7 HAPPENING.

8 I THOUGHT THIS WAS SORT OF INTERESTING.
9 BREAKS DOWN THE 241 COMPANIES IN EUROPE. YOU CAN
10 SORT OF LOOK AT THE SLIDE TO GET THE DETAILS ON
11 THAT. IT TALKS ABOUT THE NUMBER OF CLINICAL TRIALS
12 THAT ARE GOING ON WITH PHASES 1, 2, AND 3 ON THE
13 NEXT SLIDE. THIS IS THE WORLDWIDE NUMBER OF
14 CLINICAL TRIALS GOING ON IN THE SPACE, A GREAT MANY
15 OF WHICH ARE TYPES OF PROJECTS THAT CIRM IS NOT
16 INVOLVED IN, LOTS OF MSC WORK, FOR EXAMPLE; BUT YOU
17 CAN SEE HERE THAT OF THE VARIOUS TYPES OF MODALITIES
18 HERE, THAT THERE ARE A GREAT MANY TRIALS. IF YOU GO
19 FROM YEAR TO YEAR AT THE ARM MEETING, THIS KEEPS
20 GOING UP IN MAJOR CHUNKS.

21 SO JUST GENERALLY YOU KIND OF GET THE IDEA
22 THERE WAS GREAT FRENETIC ENERGY AT THIS MEETING.
23 THE ROOM, WHICH IS A HUGE ROOM AT PARK 55, WAS
24 OVERFLOWING. THERE WERE COUNTLESS PARTNERING
25 MEETINGS THAT WERE HELD. WE WERE INVOLVED IN A

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1 NUMBER OF THOSE IN CONNECTION WITH A NUMBER OF OUR
2 GRANTEES. AND SO IT, AS IT TENDS TO DO, SETS THE
3 TONE FOR THE YEAR IN THE BUSINESS. AND I THINK
4 EVERYBODY SHOULD BE, AS A TAKEAWAY, HIGHLY
5 ENTHUSIASTIC ABOUT WHERE THINGS ARE HEADED FROM A
6 BUSINESS STANDPOINT IN THE SPACE.

7 ANY QUESTIONS ON THAT TOPIC? COMMENTS?
8 MR. JUELSGAARD, YOU HAVE ANY COMMENTS YOU'D LIKE TO
9 MAKE ON THE STATE OF THE BUSINESS?

10 DR. JUELSGAARD: I WASN'T REALLY
11 ANTICIPATING BEING ASKED TO COMMENT, BUT THESE ARE
12 MY THOUGHTS ANYWAY. WE ARE A FAR CRY FROM WHERE
13 WERE WHEN THIS ORGANIZATION GOT STARTED. AND IN
14 SOME WAYS JUST THE BREADTH OF ACTIVITY THAT'S GOING
15 ON SUGGESTS THAT THERE'S A LOT OF ENTHUSIASM OUT
16 THERE AND A LOT OF SOURCES OF MONEY FOR DOING ALL
17 THIS KIND OF WORK, WHICH WASN'T AROUND WHEN WE FIRST
18 CAME INTO EXISTENCE.

19 AND SO I WOULD SAY TO MR. SHEEHY THAT IN
20 SOME WAYS THIS IS ALMOST AN ARGUMENT AGAINST NEEDING
21 MORE STATE MONEY TO FINANCE ONGOING WORK OF THIS
22 SORT BECAUSE OF THE FACT THERE IS SUCH A GROUNDSWELL
23 OF EFFORT GOING ON THESE DAYS.

24 CHAIRMAN THOMAS: I WOULD COMMENT ON THAT
25 POINT, THAT, AGAIN, THE PART OF THE RESEARCH

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1 SPECTRUM THAT CIRM FUNDS IS TYPICALLY NOT THE PART
2 OF THE SPECTRUM THAT THE MONEY IS GETTING INTO AT
3 THIS POINT. IT'S A MUCH MORE LATER STAGE. SO I DO
4 THINK THERE WILL VERY MUCH CONTINUE TO BE A NEED TO
5 FUND IN THE VALLEY OF DEATH, ET CETERA.

6 DR. JUELSGAARD: I AGREE WITH THAT. I
7 APPRECIATE THAT THERE IS THAT DISTINCTION. I DO
8 AGREE WITH THAT COMMENT.

9 CHAIRMAN THOMAS: THANK YOU. ANY OTHER
10 COMMENTS?

11 DR. MARTIN: I WOULD JUST LIKE TO COMMENT
12 THAT I BELIEVE THAT, NOT ONLY ARE MANY ACTIVITIES
13 GOING INTO THE CLINIC OR IN THE CLINIC, BUT
14 OPPORTUNITIES FOR THIS TECHNOLOGY, THIS NEW
15 KNOWLEDGE ARE ALSO GREATLY EXPANDED FROM WHERE WE
16 WERE EVEN FIVE YEARS AGO, MUCH LESS TEN. AND I
17 THINK THAT THAT OPPORTUNITY, SORT OF COLLECTION OF
18 OPPORTUNITIES, IS GOING TO BE GREATLY INFLUENCED BY
19 A FUNCTION SUCH AS CIRM MORE SO THAN THE RECIPIENT
20 OF THE OTHER END THAT WILL TAKE THE BALL AND CARRY
21 IT OVER THE GOAL LINE FOR COMMERCIALIZATION. I
22 THINK RESEARCH OPPORTUNITIES ARE NOW FAR EXCEEDING
23 WHAT CERTAINLY I IMAGINED 20 YEARS AGO WHEN I
24 STARTED THINKING ABOUT EMBRYONIC STEM CELLS.

25 CHAIRMAN THOMAS: THANK YOU BOTH FOR YOUR

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1 COMMENTS .

2 SO NEXT I THOUGHT IT WOULD BE INTERESTING.
3 ONE OF THE THINGS THAT'S HAPPENED IN THE STATE IS
4 DIFFERENT GEOGRAPHICAL AREAS ARE SORT OF COALESCING
5 TO TRY TO FUEL FURTHER DEVELOPMENT OF THE BIOTECH
6 INDUSTRY IN THEIR PARTICULAR AREAS. ONE SUCH
7 EXAMPLE OF THIS WAS RECENTLY L.A. COUNTY INITIATED
8 SOMETHING CALLED BIOSCIENCE L.A. OR BIO L.A. WHICH
9 IS AN EFFORT TO CONNECT THOSE ENTREPRENEURS,
10 FINANCIAL PLAYERS, ET CETERA, ACADEMICS IN THE
11 GREATER L.A. COUNTY AREA TOGETHER TO HELP BUILD A
12 MORE VIBRANT AREA AND CREATE JOBS, ET CETERA. AND
13 THIS WAS SOMETHING SPEARHEADED BY SUPERVISOR
14 RIDLEY-THOMAS DOWN THERE, AND MEANT TO BE AN
15 INNOVATION CATALYST THAT WOULD BRING THE MANY
16 DISPARATE PLAYERS THAT ARE SPREAD ALL OVER A LARGE
17 AREA IN L.A. COUNTY TOGETHER TO COLLABORATE AND
18 FURTHER ADVANCE THE INDUSTRY.

19 I THOUGHT IT WOULD BE HELPFUL HERE IF ONE
20 OF THE KEY PLAYERS IN THIS, WHO IS OUR OWN BOARD
21 MEMBER, JOE PANETTA AND HIS COLLEAGUES IN THE L.A.
22 COUNTY BRANCH OF HIS ORGANIZATION, IF HE CAN SAY A
23 COUPLE OF WORDS HERE ABOUT BIO L.A., SPECIFICALLY
24 AND MORE GENERALLY, THE EFFORTS THAT HE AND HIS
25 COLLEAGUES ARE MAKING TO ADVANCE THE INDUSTRY GOING

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1 FORWARD. SO JOE.

2 MR. PANETTA: THANK YOU, J.T. AND I WANT
3 TO BEGIN BY APOLOGIZING FOR NOT BEING ABLE TO BE
4 THERE IN PERSON. COINCIDENTALLY, WE HAVE OUR
5 QUARTERLY BIOCOM BOARD MEETING THIS AFTERNOON, WHICH
6 I, OVER THE LAST 20 YEARS, HAVE HAD A PERFECT
7 ATTENDANCE RECORD FOR, SO I'M HOPING THEY'LL GIVE ME
8 A CERTIFICATE OR SOMETHING IF I KEEP ON SHOWING UP
9 FOR THE BOARD MEETINGS.

10 ALSO WANT TO THANK YOU, J.T., FOR SERVING
11 ON BIOCOM L.A. ADVISORY BOARD AS A FOND MEMBER OF
12 THAT ADVISORY BOARD.

13 FIVE YEARS AGO WE BEGAN TO WORK WITH
14 SUPERVISOR RIDLEY-THOMAS, AND HE COMMISSIONED A
15 REPORT THAT THE BATTELLE INSTITUTE IN COLUMBUS,
16 OHIO, COMPLETED, GIVING THE L.A. COUNTY BOARD OF
17 SUPERVISORS A BIT OF CRITIQUE OF STATE OF AFFAIRS OF
18 THE L.A. BIOTECH COMMUNITY. AND THAT REPORT
19 RECOMMENDED A NUMBER OF THINGS, INCLUDING THE NEED
20 FOR MORE MATURE EXECUTIVE MANAGEMENT, A NEED TO TRY
21 TO KEEP EARLY STAGE COMPANIES THERE, THE NEED FOR
22 GREATER ANGEL CAPITAL AND VENTURE CAPITAL TO GROW
23 THE INDUSTRY, A NEED FOR MORE INFRASTRUCTURE, REAL
24 ESTATE, TO BE SPECIFIC, AND THE NEED FOR
25 ORGANIZATIONS TO BRING THE VERY GEOGRAPHICALLY

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1 DISPARATE CLUSTER TOGETHER A LITTLE BIT MORE.

2 SO WE OPENED OUR OFFICE THERE ABOUT THREE
3 YEARS AGO NOW, WORKING WITH SUPERVISOR RIDLEY-THOMAS
4 AS ADVISORS, AND WE WERE VERY, VERY PLEASANTLY
5 SURPRISED WHEN THE COUNTY ANNOUNCED THAT IT WOULD
6 CREATE AN INITIATIVE TO PROMOTE BIOTECH THROUGHOUT
7 L.A. COUNTY. AND SO THAT IS WHAT THE BIO L.A.
8 EFFORT IS ALL ABOUT. IT'S PRIMARILY FOCUSED ON
9 WORKING TO DEVELOP REAL ESTATE, TO CREATE JOBS, AND
10 TO GLOBALLY PROMOTE THE POWER OF THE L.A. BIOTECH
11 COMMUNITY.

12 AND I THINK MOST PEOPLE ARE SURPRISED,
13 JUST AS THEY'RE SURPRISED WHEN THEY LEARN WHAT WE'RE
14 DOING AT CIRM AND THE SUCCESS WE'VE HAD, MOST PEOPLE
15 ARE SURPRISED AT THE POWER OF THE L.A. BIOTECH
16 COMMUNITY AND ACTUALLY RECEIVES MORE DOLLARS IN NIH
17 FUNDING THAN THE SAN DIEGO BIOTECH HUB DOES. AND IT
18 RECEIVES ABOUT ONE-THIRD OF THE NIH FUNDING ACROSS
19 THE STATE EACH YEAR FOR RESEARCH.

20 THE PROBLEM HAS BEEN THAT THEY HAVEN'T
21 BEEN ABLE TO DEVELOP NON-EARLY STAGE. SO THE IDEA
22 BEHIND BIO L.A. IS TO BRING TOGETHER A NUMBER OF
23 PLAYERS. FOR EXAMPLE, AMGEN HAS INVESTED A
24 SIGNIFICANT AMOUNT OF CAPITAL INTO THIS EFFORT. THE
25 PHARMACEUTICAL RESEARCH AND MANUFACTURER'S

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1 ASSOCIATION HAS INVESTED IN IT AS WELL. AND WE WORK
2 CLOSELY AT BIOCUM WITH BIO L.A. IN FACT, OUR
3 EXECUTIVE DIRECTOR, DINA LOZOFKY IN LOS ANGELES, IS
4 THE CHAIR OF THE BOARD OF BIO L.A.

5 SUPERVISOR RIDLEY-THOMAS HAS TREMENDOUS
6 CONFIDENCE IN L.A. BECOMING A WORLD-CLASS BIOTECH
7 HUB. HE KNOWS THAT IT HAS SOME OF THE KEY ELEMENTS
8 ALREADY, INCLUDING INCREDIBLE RESEARCH, INCREDIBLE
9 OPPORTUNITY TO CONDUCT CLINICAL TRIALS, AND A VERY
10 STRONG OPPORTUNITY FOR INVESTMENT PROVIDED THAT
11 THOSE WHO PROVIDE THAT INVESTMENT UNDERSTAND THE
12 OPPORTUNITY TO INVEST IN THE INDUSTRY.

13 AND SO BIO L.A. IS JUST GETTING LAUNCHED.
14 WE ARE EXCITED ABOUT IT. THERE'S NO REASON THAT
15 CALIFORNIA CANNOT HAVE THREE WORLD-CLASS BIOTECH
16 HUBS. AND I THINK ONE OF THE SIGNS OF THE FUTURE
17 PROMISE OF L.A. TRULY IS THAT ONE OF THE LIFE
18 SCIENCE PARTNERS BETH SEIDENBERG AND KLEINER PERKINS
19 HAS TEAMED UP WITH THE EVP OF RESEARCH AND
20 DEVELOPMENT, SEAN HARPER AT AMGEN, TO CREATE A \$300
21 MILLION PLUS BIOTECH INVESTMENT CALLED WESTLAKE
22 PARTNERS IN L.A. THAT SHOULD YIELD A TREMENDOUS
23 AMOUNT TO BE ABLE HELP BIO L.A. AND BIOCUM TO GROW
24 THE INDUSTRY IN LOS ANGELES.

25 SO IT'S AN EXCITING TIME UP THERE. I

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1 DON'T THINK FIVE YEARS AGO, WHEN WE PUT OUR TOE INTO
2 THE WATER IN L.A., THAT WE EXPECTED THAT WE'D COME SO
3 FAR SO QUICKLY, BUT I THINK IT'S A TRIBUTE TO
4 SUPERVISOR RIDLEY-THOMAS AND MANY MORE FOLKS WHO ARE
5 INVESTED IN THIS. AND, J.T., THANK YOU. WE REALLY
6 WANT TO MAKE L.A. AS STRONG A BIOTECH HUB AS WE CAN
7 POSSIBLY BECOME. AS A GLOBAL WORLD-CLASS CITY, L.A.
8 HAS THE OPPORTUNITY TO REALLY PLAY ON THE SAME STAGE
9 AS SAN FRANCISCO AND BOSTON AND SAN DIEGO.

10 CHAIRMAN THOMAS: THANK YOU VERY MUCH,
11 JOE. ANY QUESTIONS FOR JOE ON THIS PARTICULAR
12 EFFORT?

13 NEXT THING I THOUGHT MIGHT BE INTERESTING
14 FOR THE BOARD, EVERY YEAR WE ROLL ALONG WITH OUR
15 STATE FUNDING, AND THE BONDS BEING THE SOURCE OF THE
16 MONEY THAT WE USE TO MAKE OUR GRANTS. NOT ENTIRELY
17 SURE IF ALL MEMBERS OF THE BOARD ARE FAMILIAR WITH
18 THE PROCESS, HOW WE ACTUALLY GET THE FUNDS. I
19 THOUGHT I'D SPEND TWO MINUTES ON THAT.

20 SO EVERY SIX MONTHS WE TELL THE DEPARTMENT
21 OF FINANCE AND THE GOVERNOR'S OFFICE THE AMOUNT OF
22 MONEY WE ANTICIPATE NEEDING FOR THE FOLLOWING SIX
23 MONTHS. AND AFTER THAT IS REFINED AND THE
24 DEPARTMENT OF FINANCE SIGNS OFF ON THAT, THEY THEN
25 DIRECT THE STATE TREASURER TO ISSUE COMMERCIAL

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1 PAPER, WHICH IS THE PARTICULAR FORM OF SECURITY THAT
2 THEY USE ON AN ONGOING BASIS TO PROVIDE SIX MONTHS
3 WORTH OF FUNDING FOR CIRM. IN ADVANCE OF THAT,
4 THERE IS A MEETING WHERE THE STATE HAS TO ACTUALLY
5 AUTHORIZE THE ISSUANCE OF THAT SIX MONTHS WORTH OF
6 COMMERCIAL PAPER.

7 AND SO IN FEBRUARY, IN ADVANCE OF THE
8 SEMIANNUAL ISSUANCE OF COMMERCIAL PAPER FOR CIRM, AS
9 WELL AS ALL THE OTHER STATE AGENCIES THAT GET FUNDED
10 THROUGH BONDS, AND COURTESY OF THE STATE TREASURER'S
11 OFFICE, THERE'S A MEETING HELD UP IN SACRAMENTO,
12 VERY QUICK MEETING, OF THE STEM CELL RESEARCH AND
13 CURES FINANCE COMMITTEE, WHICH IS HELD IN THE STATE
14 TREASURER'S BUILDING, WHICH THAT COMMITTEE CONSISTS
15 OF A REPRESENTATIVE FROM THE STATE TREASURER'S
16 OFFICE, THE STATE CONTROLLER'S OFFICE, AND THE
17 DIRECTOR OF FINANCE, AND THE GOVERNOR'S OFFICE, AS
18 WELL AS MYSELF AND TWO OTHER MEMBERS OF THE ICOC.
19 FREQUENTLY THOSE ARE SENATOR TORRES AND DR. PRIETO.

20 DR. MELMED: THANK YOU. LOOKS GOOD. I
21 JUST HAVE ONE QUESTION FAR YOU. (INAUDIBLE.) ON THE
22 LEFT WAS MODELED --

23 MS. BONNEVILLE: DR. MELMED, WE CAN HEAR
24 YOUR OTHER CONVERSATION.

25 CHAIRMAN THOMAS: SHOULD MAKE FOR AN

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1 INTERESTING TRANSCRIPT FOR BETH.

2 THE REPORTER: NO TRANSCRIPT.

3 CHAIRMAN THOMAS: THE STATE TREASURER'S
4 PITUITARY GLAND.

5 IN ANY EVENT, I WAS SAYING REPRESENTATIVES
6 FROM CIRM TYPICALLY ARE MYSELF, SENATOR TORRES, DR.
7 PRIETO, AND ON OCCASION WE HAVE DELEGATES WHO STAND
8 IN FOR ONE OR MORE OF THOSE. IN ANY EVENT, SO AT
9 THIS MEETING, WHICH IS VERY, VERY QUICK, THE MOTION
10 IS PASSED TO AUTHORIZE THE ISSUANCE OF THE
11 COMMERCIAL PAPER. AND THEN SEVERAL WEEKS LATER THAT
12 COMMERCIAL PAPER IS ISSUED. THAT IS HOW WE GET OUR
13 FUNDING.

14 I JUST THOUGHT, VERY BRIEFLY, THAT WAS
15 INTERESTING TO TELL THE BOARD ABOUT BECAUSE WE'VE
16 KIND OF TAKEN THAT FOR GRANTED FOR MANY YEARS. AND
17 PROBABLY MOST OF YOU WEREN'T ENTIRELY FAMILIAR WITH
18 THAT PROCESS.

19 THE LAST THING I WANTED TO TALK ABOUT IS A
20 NUMBER OF US HAVE BEEN INTERVIEWED RECENTLY BY THE
21 GREAT CHRONICLER OF CIRM AND PROLIFIC AUTHOR DON
22 REED. AND I THOUGHT IT MIGHT BE NICE FOR DON TO
23 SPEND TWO OR THREE MINUTES TO TALK TO THE BOARD
24 ABOUT HIS PROJECT THAT HE'S WORKING ON AND THE
25 UPCOMING BOOK THAT WILL RESULT. SO, MR. REED,

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1 PROCEED TO THE PODIUM.

2 MR. TORRES: WHEN WILL JENSEN'S BOOK BE
3 IN?

4 MR. REED: I'VE BEEN TRYING TO GET HIM TO
5 DO ONE.

6 THERE'S A LOT OF TALK ABOUT WILL THERE BE
7 A PART 2, AND I'M NOT THE PERSON WHO CAN ANSWER
8 THAT. I REMEMBER WHAT BOB SAID THOUGH. HE SAID
9 THAT THERE WILL BE A POLL, AND THE RESULT OF THAT
10 POLL HE WILL MAKE HIS DECISION. FROM MY MIND,
11 THERE'S NEVER BEEN THE SLIGHTEST DOUBT. THE WORK
12 THAT YOU DO IS IRREPLACEABLE. IT'S MAGNIFICENT AND
13 CHANGES THE LIVES OF SO MANY.

14 THIS NEXT BOOK WILL BE TITLED
15 *REVOLUTIONARY THERAPIES: HOW THE CALIFORNIA STEM*
16 *CELL PROGRAM SAVED LIVES, EASED SUFFERING, AND*
17 *CHANGED THE FACE OF MEDICINE FOREVER.* THAT'S WHAT
18 HAS BEEN DONE. THIS IS SOMETHING INCREDIBLE. IT
19 WILL BE THE GREATEST THING WE'VE EVER DONE IN ALL
20 OUR LIVES.

21 AND THE BOOK, I'VE BEEN TOLD BY THE
22 PUBLISHER THEY WANT IT OUT BY CHRISTMAS, AND IT HAS
23 TO BE DONE BY JULY 29TH. SO I'M SCRIBBLING
24 FRANTICALLY AS WE SPEAK.

25 IT WAS A DELIGHT TO INTERVIEW PEOPLE THAT

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1 I DID, PRESIDENT OR THE CHAIR, AND JUST EVERYTHING,
2 EVERY CONNECTION THAT I HAVE WITH THIS ORGANIZATION
3 HAS BEEN POSITIVE AND TO BE REMEMBERED. SO THAT'S
4 PRETTY MUCH IT. I JUST SCRIBBLE, SCRIBBLE,
5 SCRIBBLE.

6 I WOULD LIKE TO TELL YOU ONE LITTLE STORY
7 THOUGH. AL JOLSON WOULD ALWAYS DO FREE SINGING FOR
8 CHARITY, AND HE ALWAYS HAD ONE CONDITION. THE
9 CONDITION WAS THAT HE WOULD ONLY DO IT IF HE COULD
10 BE THE LAST ONE THAT SANG, WHICH WAS THE STAR
11 POSITION. AND SO ONE DAY THEY CAME UP, "WE WANT YOU
12 FOR THIS REALLY IMPORTANT ONE AT CARNEGIE HALL, BUT
13 YOU DON'T WANT TO BE THE LAST PERSON TO SING THIS
14 TIME." HE SAYS, "I HAVE TO BE. THAT'S MY
15 CONDITION. THAT'S WHAT HAS TO BE." THEY SAID, "DO
16 YOU KNOW WHO IS GOING TO BE SINGING, THE LAST
17 PERSON?" HE SAID, "NO. WHO?" HE SAYS, "ENRICO
18 CARUSO." HE SAID, "MY CONDITION STANDS."

19 SO CAME THE NIGHT AND CARUSO COMES OUT AND
20 HE SANG EVERYTHING, VESTI LAGIUBBA, AVE MARIA,
21 EVERYTHING, SANG AND SANG AND SANG. THE PEOPLE
22 WOULD NOT LET HIM GO. THEY KEPT HIM THERE TILL HE
23 WAS EXHAUSTED. THEIR HANDS WERE SORE FROM CLAPPING
24 SO HARD. AND THEN AL JOLSON CAME OUT. HE SAID,
25 "HANG ON TO YOUR HATS, FOLKS. YOU AIN'T HEARD

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1 NOTHING YET."

2 WELL, FOLKS, THAT'S HOW I FEEL ABOUT THE
3 CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE. WE
4 AIN'T HEARD NOTHING YET. THE BEST IS YET TO BE.
5 THANK YOU.

6 (APPLAUSE.)

7 CHAIRMAN THOMAS: THANKS VERY MUCH, DON.
8 THAT CONCLUDES THE CHAIR'S REPORT. ON TO THE
9 PRESIDENT'S REPORT, DR. MILLAN.

10 DR. MILLAN: THANK YOU VERY MUCH.
11 FOLLOWING YOU, DON, IS LIKE FOLLOWING CARUSO.

12 SO AS THE BOARD HAD DISCUSSED EARLIER IN
13 THIS MEETING, WE HAVE COME A LONG WAY. SO FOR SOME
14 NEW MEMBERS AND SOME NEW ATTENDEES, CIRM WAS FORMED
15 IN 2004, AS WE ALL KNOW, WITH A \$3 BILLION BOND
16 INITIATIVE. WE'RE IN THE FINAL PHASE OF THAT
17 INITIATIVE. BUT SO FAR WE'VE FUNDED A THOUSAND
18 PROJECTS, 53 CLINICAL TRIALS TO DATE, AND OVER 1200
19 PATIENTS ENROLLED IN THESE TRIALS. SO THAT'S KIND
20 OF THE BIG PICTURE.

21 AS YOU ALL KNOW, ALONG WITH OUR BOARD, WE
22 LAUNCHED A FIVE-YEAR STRATEGIC PLAN IN 2016. AND I
23 WANTED TO JUST GIVE AN OVERVIEW OF WHERE WE ARE IN
24 THIS STRATEGIC PLAN MID-YEAR, YEAR FOUR OF THE
25 FIVE-YEAR STRATEGIC PLAN.

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1 AS YOU KNOW, WE PUT SOME BOLD GOALS ON
2 OURSELVES. SOME WE FELT THAT WERE PROBABLY GOING TO
3 BE REALLY TOUGH TO HIT, BUT THEY WERE WORTHWHILE
4 GOALS IN SERVICE OF OUR MISSION TO ACCELERATE STEM
5 CELL GENE THERAPY APPROACHES THAT CAN ALLEVIATE
6 UNMET MEDICAL NEEDS.

7 SO OF THE 50 TARGET GOALS FOR DISCOVERING
8 NEW CANDIDATES, WE SO FAR HAVE 36. WE ARE LIMITED
9 ONLY BY CONTINUED FUNDING. WE HAVE ONE MORE
10 TRANSLATIONAL AWARD ROUND COMING UP OR ONE OR TWO.
11 AND WE DO HAVE SOME RECENT PRECLINICAL PROGRAMS THAT
12 HAVE COME IN THAT HAVE ADDED TO THIS NUMBER.

13 IN TERMS OF ADVANCING PROGRAMS THROUGH
14 DEVELOPMENT, WE MEASURE WHAT'S CALLED METRIC
15 PROGRESSION, LIKELIHOOD OF SUCCESS OF PROJECTS GOING
16 FROM ONE STAGE TO THE NEXT, GOING FROM DISCOVERY TO
17 TRANSLATIONAL, GOING FROM TRANSLATIONAL TO CLINICAL,
18 AND MOVING FROM THE CLINICAL PHASE, AND WE HAVE
19 INCREASED OUR PROGRESSION EVENTS 110 PERCENT SINCE
20 WE LAUNCHED THIS STRATEGIC PLAN BY PUTTING IN PLACE
21 ALL THE SYSTEMS AND PROCESSES THAT ARE GRANT MAKING
22 AND MANAGEMENT AND ADVISORY PROGRESSION EVENTS, THE
23 LIKELIHOOD OR SUCCESS OF PROJECTS GOING FROM ONE
24 STAGE TO THE NEXT, GOING FROM DISCOVERY TO
25 TRANSLATION, GOING FROM TRANSLATIONAL TO CLINICAL

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1 AND THEN MOVING THROUGH THE CLINICAL PHASES.

2 AND WE HAVE INCREASED OUR PROGRESSION
3 EVENTS BY A 110 PERCENT SINCE WE'VE LAUNCHED THIS
4 STRATEGIC PLAN BY PUTTING IN PLACE ALL THE SYSTEMS
5 AND PROCESSES IN OUR GRANT MAKING, IN OUR
6 MANAGEMENT, AND OUR ADVISORY PANELS, BRINGING OUR
7 TOTAL UP TO 61 PROGRESSION EVENTS SINCE WE LAUNCHED
8 THE STRATEGIC PLAN. THAT'S PRETTY INCREDIBLE.

9 AS WAS ALLUDED TO OR MENTIONED IN THE
10 CHAIR'S REPORT, WE, ALONG WITH OTHER STAKEHOLDERS,
11 WERE SUPPORTIVE OF THE 21ST CENTURY CURES ACT, IN
12 THAT, WHILE THAT WAS PASSED WITH BIPARTISAN SUPPORT
13 IN DECEMBER 2016, THERE WERE REGULATORY REFORMS THAT
14 PROVIDED FOR AN EXPEDITED PATHWAY, SPECIFICALLY FOR
15 CELL AND GENE THERAPY PRODUCTS. WE WERE AMONG --
16 OUR PROGRAMS WERE AMONG THE FIRST TO OBTAIN THIS FDA
17 DESIGNATION, AND WE CURRENTLY HAVE FIVE PROGRAMS
18 WITH THIS RMAT DESIGNATION OF A TOTAL OF ABOUT 35 OR
19 37 SO FAR. SO THAT'S PRETTY SPECTACULAR.

20 AGAIN, POINTING TO THE FACT THAT OUR
21 PROGRAMS ARE REALLY IN THE FOREFRONT OF TECHNOLOGY.

22 WE HAD A BOLD GOAL OF CUTTING DEVELOPMENT
23 TIME IN HALF. IN ORDER TO DO THAT, WE WANTED TO
24 SPEED UP EVERY PHASE OF THE DEVELOPMENT PATHWAY. SO
25 PUT A CHALLENGE TO OUR GRANTEES, WHO CAME IN FOR A

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1 CLIN1, WHICH IS THE WORK NECESSARY TO OBTAIN AN IND,
2 THAT THEY WOULD BE ABLE TO DO THAT WITHIN 18 MONTHS.
3 WE HAVE FOUR PROGRAMS THAT HAVE NOW ACHIEVED GETTING
4 AN IND WITHIN 18 MONTHS. AND THE AVERAGE TIME TO
5 IND FOR OUR PRECLINICAL PROGRAMS IS NOW 20 AND A
6 HALF MONTHS, WHICH IS SPECTACULAR. IN STANDARD
7 TERMS, IT'S USUALLY ABOUT THREE YEARS OR MORE FOR
8 OTHER PRODUCTS.

9 OF COURSE, YOU ALL KNOW THAT WE'VE BEEN
10 TRACKING THE NUMBER OF CLINICAL TRIALS BECAUSE
11 THAT'S ULTIMATELY WHERE WE WANT TO BE IN ORDER TO
12 TEST THAT THESE TECHNOLOGIES CAN BE SAFELY, MORE
13 WIDELY ACCESSIBLE TO PATIENTS. WE HAD A BOLD GOAL
14 OF 50 NEW CLINICAL TRIALS, AND WE HAVE NOW FUNDED 36
15 CLINICAL TRIALS IN THE CELL AND GENE MEDICINE SPACE,
16 BRINGING OUR TOTAL UP TO 53 SO FAR. AND WE HAVE HAD
17 A MARKET UP TICK IN TERMS OF INDUSTRY ENGAGEMENT AND
18 INVESTMENT.

19 J.T. MENTIONED WHAT THE GLOBAL LANDSCAPE
20 WAS, AND CIRM'S PROGRAMS HAVE CONTRIBUTED GREATLY TO
21 THAT, ATTRACTING IN OVER \$1.6 BILLION INDUSTRY
22 PARTNERSHIP AS OF LATE LAST YEAR AND IT'S CONTINUING
23 TO GO ON.

24 AND JUST TO LET YOU KNOW, TWO OF OUR
25 PORTFOLIO PROGRAMS ACTUALLY WERE ABLE TO

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1 SUCCESSFULLY FILE AN IPO. ONE OF THEM WAS ORCHARD
2 THERAPEUTICS. THE OTHER ONE WAS 47 INC. AND YOU'LL
3 BE HEARING FROM 47 INC.'S LEADERSHIP LATER TODAY TO
4 DESCRIBE THEIR JOURNEY WITH CIRM, WHICH STARTED --
5 THE TECHNOLOGY PLATFORM STARTED AS AN ACADEMIC
6 PROGRAM, WENT INTO INDUSTRY, AND SUCCESSFULLY NOW
7 OUT FOR PUBLIC PARTNERSHIP AS WELL.

8 IN TOTAL SO FAR, AS YOU KNOW, CIRM FUNDS
9 FIVE MAJOR PILLARS: INFRASTRUCTURE, EDUCATION,
10 DISCOVERY, TRANSLATION, AND CLINICAL. AS MENTIONED
11 BY JEFF SHEEHY EARLIER TODAY, WE ARE IN THE FINAL
12 PHASES OF THE PROP 71 FUNDING ALLOCATION, ABOUT \$120
13 MILLION LEFT IN FUNDING AVAILABLE FOR RESEARCH
14 PROGRAMS. THIS BOARD APPROVED OUR RESEARCH BUDGET
15 WHICH ALLOCATES FUNDS TO KEEP OPEN THE TRANSLATION
16 PROGRAM AND CLINICAL PROGRAM. ALTHOUGH WE KNOW THAT
17 THERE ARE GREAT PROJECTS AND VERY WORTHWHILE
18 PROJECTS OUT THERE THAT WOULD BE NECESSARY TO
19 CONTINUE TO FEED THIS PIPELINE, WE CURRENTLY ARE AT
20 THE TAIL END, SO WE HAVE PRIORITIZED THE LATER STAGE
21 PROGRAMS UNTIL MORE FUNDING IS AVAILABLE. CURRENTLY
22 WE ARE WORKING WITH 120 MILLION.

23 SO I WANT TO JUST GIVE AN OVERVIEW OF
24 WHERE WE ARE WITH OUR CLINICAL PROGRAMS. WE'VE
25 FUNDED 53 CLINICAL TRIALS, 36 NEW TRIALS SINCE THE

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1 LAUNCHING OF THE STRATEGIC PLAN, 42 OF THESE TRIALS
2 ARE STILL OPEN, EIGHT HAVE COMPLETED, THEY ARE
3 MOVING ON TO THE NEXT STAGE OR THEY'RE BEING
4 EVALUATED FOR THE NEXT DEVELOPMENT STAGE, THREE WERE
5 TERMINATED DUE TO FEASIBILITY ISSUES, AND THOSE WERE
6 ALL TREATED AT PREVIOUS BOARD MEETINGS. I CAN TAKE
7 QUESTIONS ON THAT IF NEEDED.

8 BUT I WANTED TO GIVE AN UPDATE ON THE CELL
9 AND GENE THERAPY PLATFORM. THE BOARD LATE LAST YEAR
10 EXPANDED OUR SCOPE FOR OUR FUNDING OPPORTUNITIES TO
11 INCLUDE GENE THERAPY, BUT I WANTED TO REVIEW THAT
12 CIRM RIGHT NOW HAS A PRETTY SUBSTANTIAL INVESTMENT
13 IN CELL AND GENE THERAPY WITH APPROXIMATELY 28
14 PERCENT OF OUR PROGRAMS INVOLVING GENE MODIFICATION
15 OF A STEM CELL OR PROGENITOR CELL. AND I WANTED TO
16 JUST FOCUS ON A SAMPLING OF THESE PROGRAMS TO
17 DEMONSTRATE SOME OF THE MILESTONES THEY HIT IN TERMS
18 OF REGULATORY MILESTONES, PARTNERSHIP MILESTONES,
19 AND ALSO TO GIVE AN UPDATE ON SOME OF THE CLINICAL
20 OUTPUTS THAT HAVE COME OUT FROM THESE TRIALS.

21 THE FIRST TRIAL, THE FIRST PROJECT I
22 WANTED TO GIVE AN UPDATE ON IS PARTNERED WITH
23 POSEIDA THERAPEUTICS. THIS IS A PHASE 1 OPEN-LABEL
24 TRIAL, MULTICENTER TRIAL TO TEST A T-CELL THAT IS
25 MODIFIED TO EXPRESS A SPECIFIC RECEPTOR TO A UNIQUE

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1 PROTEIN THAT IS EXPRESSED ON MULTIPLE MYELOMA. THIS
2 TRIAL IS TARGETING PATIENTS WHO HAVE FAILED OTHER
3 THERAPIES IN MULTIPLE MYELOMA.

4 WHILE THE FIRST GENE THERAPY PRODUCTS
5 INVOLVING CAR-T'S, THE FIRST TWO WERE APPROVED BY
6 THE FDA JUST A LITTLE BIT OVER A YEAR AND A HALF
7 AGO, KYMRIAH AND YESCARTA. THERE'S BEEN ALREADY
8 NEXT GENERATION CAR-T TECHNOLOGIES BEING DEVELOPED
9 AT CIRM. WE'VE BEEN IN THIS GAME FOR A WHILE. THIS
10 IS JUST ONE OF THE PROGRAMS NOW THAT'S ACTIVE, BUT
11 THERE ARE OTHER PROGRAMS IN CITY OF HOPE, UCLA, AS
12 WELL ACADEMIC SETTING.

13 I WANTED TO POINT OUT SOME UNIQUE FEATURES
14 OF THIS CAR-T THAT MAKES IT A NEXT GENERATION. ONE
15 IS THAT IT'S A DIFFICULT ANTIGEN THAT'S TARGETED
16 FROM THE ONES THAT ARE TARGETED WITH THE APPROVED
17 PRODUCTS, BCMA. THE SECOND IS THESE ARE ENRICHED
18 AND PURIFIED FOR THE STEM CELL MEMORY T-CELLS. WHAT
19 DOES THAT MEAN? THAT MEANS THAT WHEN THE PRODUCT IS
20 INFUSED, THEY RECOGNIZE THE CELLS, THE CANCER CELLS,
21 DESTROY THEM, BUT THEN THERE'S AN ARMY OF THESE
22 CELLS HANGING OUT IN CASE THERE'S RESIDUAL TUMOR OR
23 RECURRENCE. AND THEN THEY CAN EXPAND BECAUSE
24 THEY'RE STEM CELLS, BUT THE MEMORY RECOGNIZES THE
25 ANTIGEN, THEY'LL COME BACK UP AGAIN.

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1 THERE'S ALSO WHAT'S CALLED THE SAFETY
2 SWITCH THAT'S ENGINEERED INTO THIS PRODUCT. SO IF
3 FOR SOME REASON THINGS GO WRONG AND IT SEEMS LIKE
4 THE PRODUCT ITSELF MAY BE CAUSING AN ISSUE, THEN
5 THOSE CELLS CAN BE DESTROYED. AND SO THEY KIND OF
6 GET CLEARED AS SIMILAR TO WHAT A DRUG WOULD DO,
7 WHICH IS GET METABOLIZED AND CLEARED.

8 THIS PRODUCT HAS RECEIVED AN RMAT
9 DESIGNATION THAT WAS MENTIONED EARLIER. FOR THE
10 ALMOST \$20 MILLION OF CIRM FUNDING, THE COMPANY
11 BRINGING THIS FORWARD HAS RECENTLY ACHIEVED SERIES C
12 FINANCING OF \$142 MILLION AND PARTNERSHIP WITH
13 NOVARTIS, WHO'S TAKEN AN EQUITY STAKE IN THIS
14 PROJECT.

15 NEXT SLIDE, AS YOU WILL RECOGNIZE EVIE
16 BECAUSE SHE'S ON OUR WALL. SHE WAS OUR ANNUAL
17 REPORT FRONT COVER THREE YEARS AGO. EVIE IS NOW OUT
18 ALMOST SIX YEARS IN THIS TRIAL. UCLA, DR. DON KOHN,
19 PARTNERED WITH ORCHARD THERAPEUTICS. AS I MENTIONED
20 EARLIER, ORCHARD THERAPEUTICS HAS SUCCESSFULLY
21 ACHIEVED FOLLOW-ON FINANCING AS WELL AS AN IPO.

22 THIS TRIAL IS A PHASE 2 TRIAL. SOMETHING
23 UNIQUE ABOUT THIS AND GENE THERAPY TRIAL TO CORRECT
24 THIS PRIMARY IMMUNODEFICIENCY IS A PHASE 2 TRIAL
25 WILL SERVE AS A REGISTRATION TRIAL, MEANING THE DATA

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1 FROM THIS WILL BE SUFFICIENT TO GET IT TO MARKETING
2 APPROVAL. THE BLA IS PLANNED FOR 2020, MEANING THE
3 MARKETING APPROVAL BY THE FDA ONCE THEY HAVE
4 REVIEWED ALL THE DATA.

5 WHAT THIS COMPANY HAS REPORTED IS IN THE
6 PATIENTS, THE FIRST 20 PATIENTS WITH A TWO-YEAR
7 FOLLOW-UP WITH A FRESH PRODUCT, THEY'VE ACHIEVED A
8 HUNDRED PERCENT OF EVENT-FREE SURVIVAL AT 24 MONTHS,
9 AND MANY OF THOSE PATIENTS HAVE BEEN OFF OF THE
10 IMMUNE THERAPY THAT THEY'VE NEEDED PRIOR TO THAT,
11 HAVE FAVORABLE OUTCOMES COMPARED TO HISTORICAL
12 REGISTRY GROUPS. SO THIS IS ALMOST 40 PATIENTS WHO
13 ACTUALLY HAVE BEEN CURED OF PRIMARY
14 IMMUNODEFICIENCY. SO THE NEXT STEP IS MAKING THIS
15 MORE ACCESSIBLE.

16 ANOTHER THING THAT'S SIGNIFICANT ABOUT
17 THIS IS THIS IS ONE DISEASE; BUT, AS DR. MARTIN
18 MENTIONED EARLIER, THIS OPENS UP THE FIELD BECAUSE
19 PROOF OF CONCEPT AND SUCCESS AND CORRECTION OF A
20 GENETIC DISEASE OPENS UP THE POSSIBILITY OF 7,000
21 OTHER GENETIC DISEASES, MONOGENIC DISEASES, THAT CAN
22 BE APPROACHED BY THIS PLATFORM ARE NOW OPEN FOR
23 POSSIBLE INTERVENTION.

24 ANOTHER, AND THIS IS A PICTURE THAT KEVIN
25 MCCORMACK HAD SENT JUST THIS MORNING, AND PUT IT IN.

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1 THIS IS RONNIE, WHO WAS OUR FRONT COVER LAST YEAR.
2 HE'S A BABY WHO WAS BORN WITH X-LINKED SCID, ANOTHER
3 FORM OF IMMUNODEFICIENCY. SOME UNIQUE ASPECTS OF
4 THIS PROGRAM IS THIS PROGRAM WAS INITIATED AT ST.
5 JUDE CHILDREN'S HOSPITAL, DR. BRIAN SORRENTINO, WHO
6 UNFORTUNATELY PASSED AWAY LAST YEAR, BUT HIS LEGACY
7 CONTINUES.

8 THIS PROGRAM WAS MARKEDLY ACCELERATED AND
9 ALLOWED TO CONTINUE BECAUSE OF PARTNERSHIP WITH UCSF
10 MADE POSSIBLE BY CIRM FUNDING. UCSF CONTRIBUTED THE
11 KNOWLEDGE AND THEIR EXPERTISE IN TERMS OF REFINING
12 THE PREPARATORY REGIME. AND WHAT'S REALLY
13 SPECTACULAR IS JUST LAST MONTH IN THE *NEW ENGLAND*
14 *JOURNAL OF MEDICINE* THEY ALREADY WERE ABLE TO
15 PUBLISH ON EIGHT INFANTS WITH A 16-MONTH MEDIAN
16 FOLLOW-UP WHO DEMONSTRATED THAT THERE WAS SUCCESSFUL
17 ENGRAFTMENT OF THE THERAPEUTIC PRODUCT AND
18 FUNCTIONAL T AND B CELLS. THESE BABIES ARE BORN
19 WITHOUT T AND B CELLS, AND NOW THEY HAVE T AND B
20 CELLS, WHICH ARE THEIR IMMUNE CELLS. SO ESSENTIALLY
21 DOING WHAT THEY WERE SUPPOSED TO DO.

22 ANOTHER FORM OF IMMUNODEFICIENCY,
23 X-CHRONIC GRANULOMATOUS DISEASE IS ANOTHER PROGRAM
24 OUT OF UCLA. THIS IS BRANDON WHO YOU MET THREE
25 YEARS AGO. HE'S NOW FOUR YEARS OUT FROM THIS TRIAL,

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1 ESSENTIALLY CURED OF HIS XCGD. JUST TO GIVE YOU A
2 BACKGROUND OF WHAT THAT IS, THAT'S A DEFECT IN THE
3 WHITE BLOOD CELLS TO DESTROY BACTERIA AND PATHOGENS.
4 THESE NEUTROPHILS USUALLY DESTROY THEM IS WHAT'S
5 CALLED AN OXIDATIVE BURST. THEY ESSENTIALLY JUST
6 EXPLODE THEM WITH OXYGEN RADICALS. IN THIS DISEASE,
7 THE NEUTROPHILS CAN'T FORM THE OXYGEN RADICALS
8 BECAUSE THEY'RE MISSING AN ENZYME, NMBH OXIDASE.
9 THIS THERAPY REPLACES THE ENZYME. SO IT'S BEAUTIFUL
10 THAT YOU CAN MEASURE THE PRESENCE OF AN ENZYME,
11 MEASURE THE FUNCTION, AND THEN SEE WHAT HAPPENS
12 CLINICALLY.

13 SO THIS IS A TARGET THAT WAS VIEWED
14 FAVORABLY, ALSO PARTNERED WITH ORCHARD, AND THEY'VE
15 PUBLISHED ON CLINICAL PROOF OF CONCEPT. THE SIX
16 PATIENTS HAVE HAD SUSTAINED LEVELS OF FUNCTIONING
17 NEUTROPHILS A YEAR AFTER TRANSPLANT. SO, AGAIN,
18 REMARKABLE.

19 THIS IS A PROJECT THAT WAS BROUGHT TO THIS
20 BOARD FOR CONSIDERATION AND WAS PENDING CO-FUNDING.
21 IT'S DR. JUDY SHIZURU'S PROJECT OUT OF STANFORD.
22 THIS IS A LITTLE BIT OF A DIFFERENT PROJECT BECAUSE
23 IT'S AN ENABLING, BUT WIDE PLATFORM TECHNOLOGY. SO
24 ALL THE PROGRAMS I JUST MENTIONED REQUIRE A
25 TRANSPLANT. AND TYPICALLY IN ORDER FOR A TRANSPLANT

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1 TO BE SUCCESSFUL, YOU NEED TO PREPARE THE RECIPIENT
2 SO THAT THEIR BONE MARROW WILL ACCEPT THOSE CELLS,
3 THOSE ENGINEERED CELLS. AND USUALLY THAT'S SOME
4 FORM OF CHEMOTHERAPY, BUT THE CHEMOTHERAPY HAS
5 TOXICITIES ASSOCIATED WITH IT.

6 SO DR. SHIZURU AND TEAM ARE USING AN
7 ANTIBODY THAT THEY LICENSED FROM AMGEN WHICH
8 DEPLETES THE NATIVE BLOOD STEM CELLS AND THEN ALLOWS
9 NEW, CORRECTED CELLS TO COME IN AND ENGRAFT. AND SO
10 DR. SHIZURU WAS PREVIOUSLY AWARDED THE DISEASE TEAM
11 FUNDING THAT ALLOWED THAT TEAM TO GO FROM
12 IND-ENABLING PHASE TO INITIATING THE PHASE 1 TRIAL.
13 THIS BOARD APPROVED \$3.7 MILLION IN ADDITIONAL
14 FUNDING TO COMPLETE THAT TRIAL, AND THEY HAVE BEEN
15 ABLE TO FURNISH \$2.3 MILLION IN CO-FUNDING THAT WAS
16 REQUISITE FOR THIS TO BE INITIATED.

17 SO FAR ACTUALLY HAVE INTERIM DATA WHICH
18 SHOWS THAT THREE OF THE FIVE PATIENTS THAT THEY
19 REPORTED ON, AND THEY REPORTED ON THIS AT A RECENT
20 PEDIATRIC IMMUNE CONFERENCE, THREE OUT OF FIVE
21 PATIENTS HAVE CLEAR EVIDENCE OF ENGRAFTMENT. AND
22 WITH THESE PATIENTS THAT DIDN'T HAVE B CELLS BEFORE,
23 AFTER THIS CONDITIONING REGIMEN AND BONE MARROW
24 TRANSPLANT, THEY HAVE B CELLS.

25 AGAIN, ONE OTHER THING THAT'S REALLY

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1 SPECTACULAR ABOUT CELL AND GENE MEDICINE IS YOU HAVE
2 A BIOLOGICAL MECHANISM OF ACTION, YOU HAVE SOMETHING
3 THAT TELLS YOU IF IT WORKS OR DOESN'T WORK. SO THE
4 PARADIGM IS CHANGING IN TERMS OF READOUTS, AND
5 THAT'S WHY WE'RE ABLE TO HAVE TRIALS SUCH AS DR.
6 KOHN AND ORCHARD'S TRIAL THAT CAN GET APPROVED ON
7 SMALLER NUMBERS OF PATIENTS AND CAN GET THROUGH
8 FASTER BECAUSE YOU KNOW IF IT WORKS OR DOESN'T WORK.
9 SO THIS IS CONTINUING, AND WITH CIRM FUNDING,
10 THEY'LL BE ABLE TO COMPLETE THAT PHASE 1 TRIAL.

11 BETA THALASSEMIA IS A HEMOGLOBINOPATHY
12 WHERE, THIS IS SHIFTING GEARS, WHERE THIS IS A
13 DEFECT IN THE RED BLOOD CELLS BECAUSE A BETA CHAIN
14 OF THE HEMOGLOBIN ARE DEFECTIVE. AND THAT LEADS TO
15 ANEMIA AND SIGNIFICANT MORBIDITY AND HIGH MORTALITY.

16 CIRM PARTNERED WITH SANGAMO, WHICH ALSO
17 HAS A PARTNERSHIP WITH BIVARIATE, A SUBSIDIARY OF
18 SANOFI WITH \$8 MILLION IN CIRM FUNDING. THEY'VE
19 BEEN ABLE TO ACHIEVE INTERIM DATA WITH THEIR FIRST
20 PATIENT ENROLLED, AND THEY WON'T BE REPORTING UNTIL
21 THEY COMPLETE THE COHORT, ACCORDING TO THEIR PRESS
22 RELEASE; BUT IN THE FIRST PATIENT ENROLLED, THEY
23 DEMONSTRATED PROOF OF CONCEPT THAT THE GENE-EDITED
24 CELLS WERE ENGRAFTING IN CIRCULATION, AND THEY HAD
25 RECOVERY OF THIS PATIENT FROM THE CONDITIONING

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1 REGIMEN AND A STABLE HEMOGLOBIN FOR SEVEN WEEKS .

2 THE STRATEGY HERE IS A GENE MODIFICATION
3 BRINGING UP THE EXPRESSION OF FETAL HEMOGLOBIN,
4 WHICH WE ALL HAVE BEFORE WE ARE BORN. AND BY DOING
5 THAT AND SWITCHING IT FROM THE -- DEPENDING ON THE
6 DEFECTIVE BETA CELLS, TO THAT OF FETAL HEMOGLOBIN,
7 IT REVERSES THE PHENOTYPE OF THIS DISEASE. SO THEY
8 WERE ABLE TO SHOW THAT THIS CORRECTION HAD OCCURRED.
9 AND CLINICALLY THIS PATIENT HAD REQUIRED EVERY OTHER
10 WEEK TRANSFUSION PRIOR TO THE TRANSPLANT AND WAS
11 TRANSFUSION FREE FOR SEVEN WEEKS AFTER THE
12 TREATMENT. SO THAT WILL CONTINUE.

13 TAKE A PAUSE HERE AND JUST WANTED TO GIVE
14 YOU AN UPDATE ON OUR MOU WITH THE NATIONAL HEART,
15 LUNG, BLOOD INSTITUTE ON THE CURE SICKLE CELL
16 DISEASE. WE FORMALIZED THIS MOU JUST A COUPLE
17 MONTHS AGO. THIS BOARD APPROVED THE FUNDING OF THE
18 FIRST PROJECT THAT WAS ELIGIBLE FOR FUNDING UNDER
19 THE SICKLE CELL CURE INITIATIVE. AND THANKS TO THE
20 INTERNAL TEAM LED BY GABE THOMPSON AND THE NHLBI
21 TEAM, MY COUNTERPART THERE, GARY GIBBONS, AND THE
22 HEAD OF THE BLOOD INSTITUTE, KEITH HOOTS, AND THEIR
23 TEAM, WE SECURED THAT, PUT SYSTEMS IN PLACE, AND ARE
24 NOW GOING TO CO-FUND THE FIRST PROGRAM, WHICH IS THE
25 FIRST ONE ON THIS LIST, DR. MARK WALTERS, UCSF

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1 CHILDREN'S HOSPITAL OAKLAND BENIHOF.
2 AND IN THIS APPROACH, SO JUST TO GO BACK,
3 SICKLE CELL DISEASE IS A HORRIBLE CONDITION. WE'VE
4 KNOWN ABOUT THE MOLECULAR BASIS SINCE THE 1940S WHEN
5 LINUS PAULING IDENTIFIED THIS, BUT THERE'S JUST
6 NOTHING FOR IT. AND THE NIH AND OTHERS FEEL THAT,
7 AND WE DO, FEEL THAT THE TIME IS NOW. 100,000
8 PATIENTS ARE AFFECTED IN THE U.S., BUT WORLDWIDE
9 WILD MILLIONS OF PATIENTS. THIS IS EXPECTED TO BE A
10 GLOBAL HEALTH PROBLEM AT 30 PERCENT GROWTH, AND
11 THOSE AFFECTED GLOBALLY BY 2050. WHAT'S MORE
12 HORRIBLE ABOUT IT FOR EACH PATIENT THAT'S AFFECTED,
13 WHAT THEY HAVE TO GO THROUGH THROUGH THEIR LIVES,
14 MULTIPLE PAIN CRISES, HOSPITALIZATIONS, INFARCTION
15 OF MULTIPLE ORGANS, STROKES. AND IT'S ONE OF OUR --
16 YOU HEARD FROM ONE OF OUR PATIENT ADVOCATES AT THE
17 LAST BOARD MEETING DESCRIBING WHAT HER LIFE IS LIKE.
18 YOU CAN'T PREDICT THIS. SO A CURATIVE APPROACH IS
19 DEFINITELY SOMETHING THIS COMMUNITY HAS BEEN WAITING
20 FOR WAY TOO LONG.

21 SO THIS PROGRAM BY DR. WALTERS USES GENE
22 EDITING. SICKLE CELL DISEASE, SICKLE CELL ANEMIA,
23 IS CAUSED BY A SINGLE MUTATION THAT LEADS TO ONE
24 IMMUNO-ACID DEFECT. THROUGH GENE EDITING, DR.
25 WALTERS' TEAM IS GOING TO USE A CRISPR/CAS 9 GENE

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1 EDITING TO CUT OUT ONE MUTATION, ALLOW IT TO BE
2 COLLECTED, AND REVERSE THE GENE SO THAT NOW PRODUCES
3 NORMAL HEMOGLOBIN. SO THAT PROGRAM IS GOING TO BE
4 LAUNCHING AND PREPARING IND-ENABLING ACTIVITY.

5 DR. DON KOHN'S PROGRAM IS A DIFFERENT
6 APPROACH WHERE THERE'S ANTISICKLING THERE. MR.
7 SHEEHY HAS A QUESTION.

8 MR. SHEEHY: WALTERS' APPLICATION. SO IT
9 SAYS A PORTION BY NHLBI. HAVE THEY DECIDED THAT
10 THEY'RE ACTUALLY GOING TO CO-FUND AND WHAT THAT
11 AMOUNT IS? I DON'T THINK WE HAD THAT READOUT YET.

12 DR. MILLAN: THEY JUST GOT THE FILE
13 APPROVAL FROM DR. GIBBONS THIS PAST WEEK TO CO-FUND.
14 THE MOU IN ROUGH TERMS SKETCHES OUT APPROXIMATELY
15 HALF, BUT THE FINAL NEGOTIATION IS ABOUT TO OCCUR
16 BECAUSE IT'S JUST A CONTRACTING ISSUE. BUT I'LL
17 GIVE YOU AN UPDATE ON WHAT THE EXACT AMOUNT IS AT
18 THE NEXT MEETING.

19 MR. SHEEHY: THANK YOU.

20 DR. MILLAN: DR. KOHN HAS A DIFFERENT
21 APPROACH WHERE THERE IS AN INSERTION OF AN
22 ANTISICKLING GENE RATHER THAN THE CORRECTION OF THE
23 MUTATION. THAT'S A GENE ADDITION.

24 I JUST WANTED TO TAKE THIS MOMENT TO
25 DISTINGUISH FROM GERMLINE EDITING, WHICH IS

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1 SOMETHING THAT HAS HIT THE NEWS WAVES IN TERMS OF
2 THE EXPERIENCE IN CHINA. THIS IS -- THE TYPE OF
3 CELL IN GENE THERAPY PROGRAMS WE'RE TALKING ABOUT
4 HERE ARE NOT EDITING A GENOME SO THAT IT'S PASSED ON
5 FROM GENERATION TO GENERATION. I JUST WANTED TO
6 DISTINGUISH THAT. THE GERMLINE EDITING DEBATE,
7 ETHICAL DEBATE AND APPROPRIATE EVALUATION IS ONGOING
8 INTERNATIONALLY AT WORLD HEALTH ORGANIZATION AND ALL
9 THE NATIONAL ACADEMIES, AND CIRM IS KEEPING A VERY
10 CLOSE EYE ON THAT AND THAT CONVERSATION. SO I JUST
11 WANTED TO DISTINGUISH FOR THOSE WHO AREN'T AS
12 FAMILIAR WITH THE DIFFERENCES.

13 SO THAT'S JUST KIND OF A SAMPLING. THAT'S
14 A SAMPLING OF OUR PROGRAMS. WE WILL CONTINUE TO
15 TAKE JUST -- TRY TO GROUP THESE TOGETHER AND GIVE
16 YOU UPDATES AS THINGS GO ALONG, BUT I THOUGHT IT WAS
17 WORTHWHILE GIVEN THE PROGRESS OF THE GENE PROGRAMS,
18 CELLULAR GENE PROGRAMS WE HAVE.

19 AND THIS IS SOMETHING WE MENTIONED EARLY
20 ON, WHICH IS CIRM'S ROLE. I THINK IT WAS BOTH MR.
21 JUELSGAARD AND DR. MARTIN BROUGHT UP THIS PUSH-PULL
22 OF INDUSTRY AND WHAT THE ROLE IS OF CIRM. I THINK
23 THOSE ARE REALLY, REALLY IMPORTANT POINTS. CIRM HAS
24 PLAYED A DERISKING ROLE IN FUNDING PROGRAMS EARLY ON
25 WHEN OTHERS SAID IT WAS TOO RISKY, THE SCIENCE

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1 WASN'T WELL-KNOWN, OR THERE WASN'T ENOUGH
2 INFORMATION OR DATA FOR INVESTORS TO PUT A BET ON
3 IT. AND THAT HAS LED TO ONE PROOF OF CONCEPT
4 CLINICAL DATA INDUSTRY INVESTMENT INTO THAT. SO FAR
5 EVERY YEAR, AS YOU CAN SEE, 2015 WE HAD \$40 MILLION
6 IN INDUSTRY INVESTMENT. EVERY YEAR IT WAS
7 INCREASING 150 IN 2016, 390 IN 2017, OVER A BILLION
8 DOLLARS LAST YEAR. SO IN AGGREGATE, \$1.64 BILLION
9 IN INDUSTRY INVESTMENT, VALIDATING THE QUALITY OF
10 OUR PROGRAMS AND THE PROMISE OF THESE THERAPIES.

11 AND I JUST WANTED TO END WITH KIND OF A
12 WHO ARE WE? WE TALK ABOUT CIRM'S VALUE PROPOSITION.
13 AS A FUNDING AGENCY, WE TALK ABOUT CIRM'S VALUE
14 PROPOSITION AS AN ACCELERATOR. WHAT WE ALSO SERVE
15 IS AS A HUB THAT PROMOTES PARTNERSHIP AND KNOWLEDGE
16 EXCHANGE. I ONLY PUT SOME THINGS IN THERE BECAUSE
17 OTHERWISE THE SLIDE WOULD BE TOO BUSY, BUT I'LL JUST
18 GIVE YOU EXAMPLES.

19 SO WE WERE A GO-TO PARTNER FOR THE NHLBI
20 WHEN THEY SAID THEY WANTED TO CURE SICKLE CELL IN
21 FIVE YEARS. SO SHYAM PATEL AND SOHEL TALIB HAVE
22 TAKEN ON OUR INDUSTRY ALLIANCE PROGRAM. SOME OF THE
23 PARTNERS LISTED THERE ARE VENTURE CAPITALISTS,
24 COMPANIES, STRATEGIC PLATFORM-BASED COMPANIES, WHO
25 HAVE COME INTO OUR INDUSTRY ALLIANCE PROGRAM BECAUSE

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1 THEY WANT TO HAVE CONTINUED CONVERSATIONS AND
2 VISIBILITY TO OUR PORTFOLIO FOR PARTNERSHIP TO BRING
3 THEM TO COMMERCIALIZATION. BUT THAT'S JUST A
4 SPRINKLING OF THE INTERACTIONS WE HAVE. THERE ARE
5 OTHERS WHO AREN'T FORMALLY IN THE INDUSTRY ALLIANCE
6 PROGRAM THAT CIRM INTERACTS WITH.

7 AND IN TERMS OF CIRM RESEARCHERS, IT SAYS
8 RESEARCHERS THERE, INCLUDED THERE ARE OUR ALPHA
9 CLINICS NETWORK. SO THERE'S A MULTIPLIER EFFECT,
10 THAT EACH OF THOSE CLINICS HAVE THEIR NETWORKS AND
11 SO ON AND SO ON.

12 SO TO DEMONSTRATE WHAT THIS MANIFESTS IN
13 REALITY AND IN REAL TIME, JUST THIS PAST TWO OR
14 THREE MONTHS, THIS IS WHAT'S HAPPENED. SO WE HAD
15 OUR FOURTH ANNUAL ALPHA CLINICS SYMPOSIUM. JEFF
16 SHEEHY WAS THERE, AND OTHER BOARD MEMBERS, JON
17 THOMAS, OUR CHAIR, WAS THERE, AND DR. PADILLA WAS
18 THERE. IT WAS A PLACE WHERE THE SCIENTISTS AND THE
19 RESEARCHERS CAN UPDATE THE COMMUNITY ABOUT THE
20 PROGRESS. IN THIS CASE IT WAS GENE THERAPY AND
21 SICKLE CELL DISEASE AS WELL AS SOME EARLY STAGE
22 ONCOLOGY PROGRAMS. BUT WE DIDN'T JUST LOOK AT IT IN
23 TERMS OF THE ADVANCEMENTS IN THE TECHNOLOGY AND THE
24 CLINICAL TRIALS. THERE WERE PATIENTS WHO GAVE THEIR
25 STORIES THAT WERE SO POWERFUL IN TERMS OF HOW THIS

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1 HAS IMPACTED THEM AND SOME UNINTENDED CONSEQUENCES
2 ACTUALLY OR CORRECTION TO THE ASPECTS OF WHAT IS
3 INVOLVED IN BEING A PATIENT AND BEING A CLINICAL
4 TRIAL RECIPIENT TO THE HEALTHCARE GIVERS AND THE
5 SPECIALIZATION THAT'S OCCURRING WITH COUNSELING AND
6 NURSING.

7 IT REALLY WAS MULTIFACETED AND THIS IS
8 WHAT IT'S LIKE EVERY YEAR, A VIEW OF WHAT OUR IMPACT
9 IS AND WHAT THE GAPS ARE THAT ARE STILL PRESENT.
10 AND ON THIS PICTURE YOU WILL SEE THE ALPHA CLINICS
11 DIRECTORS, CIRM TEAM. I WANT TO GIVE A SHOUT-OUT TO
12 GEOFF LOMAX, WHO IS OUR INTERNAL PROGRAM OFFICER WHO
13 WORKS WITH THE PROGRAM DIRECTOR TO PUT ON A
14 SPECTACULAR AND SUCCESSFUL CONFERENCE EVERY YEAR
15 INCLUDING THIS.

16 WE ASSEMBLE WORKSHOPS. WE CONVENE KEY
17 OPINION LEADERS ON ALL THE VARIOUS SECTORS. THIS
18 WORKSHOP WAS IN COLLABORATION AND CO-ORGANIZED WITH
19 DR. CLIVE SVENDSEN OF CEDARS-SINAI, DANIELA BOTA,
20 WHO IS OUR ALPHA CLINICS DIRECTOR AT UC IRVINE,
21 EKEMINI RILEY, WHO IS A DIRECTOR OF THE MILKIN
22 STRATEGIC PHILANTHROPIC SECTOR AND THROUGH THAT.
23 AND THEN INTERNALLY, KENT FITZGERALD, AND WE WERE
24 ABLE TO ASSEMBLE LEADERS IN -- THERE WERE ONLY 50
25 INVITED PARTICIPANTS, AND WE WANTED TO MAKE SURE IT

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1 WAS VARIED, BUT LEADERS IN GENOMICS AND STEM CELL
2 MODELING, CLINICAL TRIALS, AND WE HAD DR. WILSON *
3 FROM THE FDA THERE. REALLY FULSOME CONVERSATION
4 ABOUT WHAT THE COMMONALITIES ARE AND THE LEARNINGS
5 BETWEEN ALL THE DIFFERENT NEURODEGENERATIVE
6 DISEASES, AND CAN WE LEVERAGE THAT TO SOLVE PROBLEMS
7 THAT ARE STILL UNSOLVED BECAUSE IT'S STILL A HUGELY
8 UNMET MEDICAL NEED, AND THERE'S GOING TO BE
9 CONTINUED FURTHER CONVERSATIONS AFTER THAT.

10 ONE OF THE THINGS WE ALSO DO IS NOT JUST
11 WHAT WE CAN BE, BUT WHAT COMES OUT FROM WHAT WE PUT
12 TOGETHER. AND GFORCE IS A CELL THERAPY FOCUS
13 PARKINSON'S DISEASE CONSORTIUM THAT CAME OUT OF A
14 PARKINSON'S WORKSHOP CONVENED BY CIRM, I THINK,
15 ABOUT FIVE YEARS AGO. AND EVERY YEAR WE SEND A CIRM
16 REPRESENTATIVE. THESE ARE INTERNATIONAL LEADERS IN
17 THIS FIELD. TAKAHASHI, THEY'VE ALREADY INITIATED A
18 CLINICAL TRIAL WITH AN IPSC-BASED APPROACH TO
19 PARKINSON'S. LAWRENCE DAUER FROM MEMORIAL SLOAN
20 KETTERING, THEY'RE IN THE MIDST OF GETTING READY FOR
21 THEIR TRIAL. KENNETH PALMER FROM THE KAROLINSKA
22 INSTITUTE AS WELL AS OTHERS. AND DR. ABLA CREASEY,
23 OUR HEAD OF THERAPEUTICS, HAD BEEN OUR
24 REPRESENTATIVE TO THAT MEETING.

25 AND THEN LAST YEAR WE CONVENED A

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1 MANUFACTURING STANDARDIZATION WORKSHOP. DR. ABLA
2 CREASEY AND STEVEN LYNN INTERNALLY, AS WELL AS GEOFF
3 LOMAX HAVE LED THAT EFFORT ALONG WITH IABS. AND
4 HERE'S ONE OF THE OUTPUTS OF PUBLICATION WHERE
5 DR. CREASEY WAS A CO-AUTHOR, LAYING OUT A STRATEGIC
6 ROAD MAP TO A BLA FOR PLURIPOTENT PRODUCTS. SO JUST
7 WANTED TO HIGHLIGHT OTHER ACTIVITIES.

8 AND HERE ARE THE PEOPLE WHO DO IT. MARIA
9 BONNEVILLE TOOK A BREAK, SO SHE'S NOT IN THE
10 PICTURE, BUT SHE'S RIGHT HERE. AND SCOTT TOCHER.

11 DR. ZIEDONIS: I THOUGHT THE TRAINING PART
12 WAS TERRIFIC, AND IT'S REALLY GREAT AND IMPORTANT TO
13 GET THE WORD OUT TO THE COMMUNITY. IT MIGHT BE
14 HELPFUL TO HAVE A SENSE OF THE IMPACT OTHER THAN
15 THERE WAS AN EVENT. LIKE IF YOU HAD A SENSE OF THE
16 NUMBERS OF PEOPLE THAT ATTENDED, AND THEN ALSO
17 PERHAPS I DON'T KNOW IF YOU THOUGHT OF SOME TYPE OF
18 NEWSLETTER OR SOMETHING THAT COULD GO OUT MORE
19 BROADLY, AND I DON'T KNOW WHAT KIND OF MEDIA
20 ATTENTION YOU GOT TO IT. SEEMS LIKE SUCH AN
21 IMPORTANT THING AND WE PUT SO MUCH DETAIL ON THE
22 OTHER STUFF, BUT A LITTLE BIT MORE ON THE NUMBERS
23 AND THE WAY YOU EVALUATED YOUR SENSE THAT YOU HAD AN
24 IMPACT.

25 DR. MILLAN: THANK YOU VERY MUCH. I THINK

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1 THAT'S A GREAT SUGGESTION. SO WE WILL DO THAT. AND
2 IT'S TRUE THAT IMPACT GOES SO FAR BEYOND THE MEETING
3 ITSELF, WHAT'S IT LED TO IN TERMS OF WHAT
4 COLLABORATIONS CAME OUT OF THAT. AND OUR
5 COMMUNICATIONS TEAM REALLY DOES A GOOD JOB WITH
6 BLOGS AND OTHER WAYS TO TELL THE STORY. AND THE
7 SCIENCE TEAM WORKED WITH THAT AND WILL CONTINUE TO
8 DO THAT, BUT LOOK AT WAYS TO QUANTIFY A LITTLE BIT
9 BETTER. THANK YOU.

10 HERE ARE THE PEOPLE. THERE ARE ABOUT 40
11 NOW CIRM STAFF -- TEAM MEMBERS WHO ARE BEHIND ALL
12 THIS THAT WE CALL THE INTEL INSIDE, THE
13 ACCELERATION, THE AGGREGATION, THE CONVENING, THE
14 MANAGEMENT TO MAKE ALL THIS HAPPEN. AND SO IT'S
15 BEEN A PRIORITY FOR US TO RETAIN TALENT AND
16 EXPERTISE. AND THIS IS JUST I WANTED TO CALL YOUR
17 ATTENTION IN THE MIDDLE, THE TALL PERSON THERE NEXT
18 TO ME, PAT OLSON, DR. PAT OLSON. YOU'LL BE HEARING
19 A LITTLE BIT MORE ABOUT HER LATER. DR. OLSON WILL
20 BE RETIRING AT THE END OF THIS MONTH. SHE'S REALLY
21 PUT HER ALL INTO CIRM. SHE'S BEEN HERE ALMOST 13
22 YEARS, MAYBE A LITTLE BIT MORE, STARTED AS A
23 CONSULTANT. YOU'LL HEAR A LITTLE BIT MORE ABOUT
24 THAT LATER.

25 AND THEN CHILA SILVA-MARTIN PEEKING BEHIND

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1 SHEILA IN THE COOL GLASSES OR REGULAR GLASSES BEHIND
2 HER. CHILA, YOU'LL HEAR FROM HER LATER. SHE'LL BE
3 PRESENTING THE BUDGET. CHILA HAS BEEN HERE FOR OVER
4 TEN YEARS KEEPING OUR BOOKS AND OUR FINANCIAL AND
5 OUR BUDGETING ACTIVITIES JUST AT AN A LEVEL, ALWAYS
6 JUST IMPECCABLE.

7 MR. TORRES: OVER 40 YEARS OF STATE
8 SERVICE.

9 MS. SILVA-MARTIN: 44.

10 DR. MILLAN: 42 YEARS OF STATE SERVICE,
11 RIGHT? 44. I EXAGGERATED TO THE TEAM. BUT WHAT I
12 WANTED TO TALK ABOUT IS WE ARE REQUESTING TO RETAIN
13 THEIR EXPERTISE EVEN AS THEY RETIRE. YOU'LL HEAR
14 ABOUT THAT FROM SCOTT TOCHER, WHO WILL BE BRINGING
15 TO YOU THE CONCEPT OF RETIRED ANNUITANT. THIS TEAM
16 IS AMAZING. NOT ONLY DO THEY PROVIDE THEIR
17 EXPERTISE IN THEIR PRIMARY AREAS; BUT WHEN WE NEED
18 IT, THEY BRANCH OUT AND THEY'VE BUILT EXPERTISE IN
19 OTHER AREAS. SO WE WANT TO RETAIN THAT TALENT AND
20 THAT INSTITUTIONAL KNOWLEDGE ESPECIALLY IN THIS
21 PHASE OF CIRM AS WE ARE AWAITING THE OUTCOME OF A
22 POTENTIAL NEXT STAGE.

23 THEN LATER YOU WILL ALSO BE HEARING THE
24 BUDGET PROPOSAL FROM CHILA THAT SUPPORTS THE
25 TRANSITION WIND-DOWN PLAN OF PROP 71.

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1 AND AFTER THAT WILL BE OUR CLIN PROGRAM
2 FOR CONSIDERATION. SHYAM PATEL, WHO'S NOT ONLY THE
3 ASSOCIATE DIRECTOR FOR REVIEW, BUT HAS BEEN
4 SPECTACULAR IN TERMS OF TAKING ON THE BUSINESS
5 DEVELOPMENT ROLE SINCE NEIL LITTMAN TOOK ANOTHER
6 POSITION. PLEASE STAY TUNED AT THE END OF THE
7 MEETING, THAT QUESTION OF WHAT IS CIRM'S ROLE REALLY
8 WHEN PROGRAMS START TO GET PARTNERED AND THEY START
9 TO RAISE MONEY AND THEY GO PUBLIC.

10 SO HERE'S MARK CHAO FROM 47 INC., ONE OF
11 THE CO-FOUNDERS FOR 47 INC. IS GOING TO BE COMING
12 LATER. YOU CAN ASK HIM THOSE QUESTIONS BECAUSE
13 THAT'S THE PROGRAM THAT HUMANA STANFORD WITH IRV
14 WEISSMAN WAS BROUGHT THROUGH AND TO THIS STAGE WITH
15 A COMMERCIALIZATION PARTNER.

16 SO THAT'S ALL I HAVE FOR THE PRESIDENT'S
17 REPORT. AND I'M GOING TO TAKE QUESTIONS AND THEN
18 TURN IT OVER.

19 DR. MARTIN: I JUST WANT TO MAKE CERTAIN
20 THAT THOSE OF YOU WHO HAVE NOT BEEN AROUND THIS
21 ARENA FOR LONG ENOUGH TO UNDERSTAND HOW PROFOUND
22 THESE RESULTS ARE. AND IT'S QUITE PERSONAL FOR ME.
23 I SAID 20 YEARS AGO I STARTED WORKING ON STEM CELLS
24 WITH GAIL MARTIN. IT WAS ACTUALLY MORE THAN 40
25 YEARS AGO. THAT WAS DENIAL ON MY PART. BUT ALMOST

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1 40 YEARS AGO, PROBABLY MAYBE 39 YEARS AGO, I WAS
2 ON -- WHEN I WAS AT UCSF, I WAS ON THE NIH RAC,
3 WHICH IS RECOMBINANT ADVISORY COMMITTEE. AND I
4 INTRODUCED FOR THE FIRST TIME TO RAC THE CONCEPT OF
5 GENE THERAPY, AND IT WAS FOR ADENOSINE DEAMINASE
6 DEFICIENCY, WHICH WE WERE WORKING ON IN THE LAB FROM
7 PEOPLE WHO ARE HERE, WHO WERE AROUND IN THAT TIME
8 AND UNDERSTAND THAT.

9 AND I ALMOST HAD TO PINCH MYSELF TO
10 BELIEVE THAT I WASN'T DREAMING, THAT THERE ARE
11 ACTUALLY RESULTS UNDER PATIENTS THAT ARE NOW CURED
12 OF THAT DISEASE. AND THERE ARE OTHERS AS WELL. THE
13 WHOLE SICKLE CELL WASN'T EVEN THOUGHT OF AT THAT
14 POINT, BUT THESE INHERITED MONOGENIC DISEASES WHERE
15 THERE'S A SINGLE GENE DEFECT THAT CAN BE CORRECTED,
16 THAT WAS THE OPPORTUNITY, BUT IT WAS 40 YEARS AGO.
17 AND I DON'T BELIEVE, HONESTLY DON'T BELIEVE WE WOULD
18 HAVE HEARD OF THESE RESULTS WITHOUT CIRM. BECAUSE
19 COMMERCIALY THE SIZE OF THE MARKET FOR CHRONIC
20 GRANULOMATOUS DISEASE OR PURINE NUCLEOSIDE
21 PHOSPHORYLASE DEFICIENCY, THEY DON'T EXIST, DIDN'T
22 EXIST AT THAT TIME. NOW YOU START TO TALK ABOUT
23 SICKLE CELL DISEASE, THERE IS A HUGE NEED THERE, BUT
24 THESE OTHER ACTIVITIES AND SUCCESSES HAD TO BE THE
25 FORERUNNERS OF THAT ACTIVITY AND THAT OPPORTUNITY.

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1 SO IT'S QUITE STARTLING WHAT HAS HAPPENED
2 IN THE LAST 40 YEARS, AND YOU SHOWED THE RESULTS.

3 DR. MILLAN: THANK YOU. I THINK ONE OF
4 THE THINGS I TRY NOT TO DO IS TO OVERBURDEN DURING
5 THESE PRESENTATIONS, AND IT'S A GOOD PROBLEM TO HAVE
6 WHEN YOU FEEL LIKE YOU NEED TO CUT THINGS DOWN
7 BECAUSE THERE'S SO MANY THINGS TO TALK ABOUT, AND I
8 THINK TO BE IN THAT POSITION IS QUITE AN HONOR.
9 THANK YOU.

10 CHAIRMAN THOMAS: OKAY. THANK YOU,
11 DR. MILLAN. FIVE-MINUTE BREAK FOR BETH.

12 (A RECESS WAS TAKEN.)

13 CHAIRMAN THOMAS: EVERYBODY ON THE PHONE
14 HEAR ME. SHERRY, CAN YOU HEAR ME OKAY? CAN ANYBODY
15 HEAR ME ON THE PHONE? SHERRY, YOU CAN HEAR OKAY?

16 WE'RE GOING TO PROCEED NOW. BETH IS ALL
17 RESTED AND READY TO GO. SO WE HAVE ONE CONSENT
18 ITEM.

19 MS. BONNEVILLE: WE NEED EVERYONE IN THE
20 ROOM SO WE CAN TAKE A VOTE.

21 CHAIRMAN THOMAS: OKAY. SO FIRST ITEM IS
22 CONSENT ITEM ITEM 5, REAPPOINTMENT AND APPOINTMENT
23 OF SCIENTIFIC MEMBERS TO THE GWG. THIS IS A
24 RECURRING ITEM WHICH WE'LL PASS UNLESS WE HAVE ANY
25 MEMBERS WANT TO TAKE THAT OFF FOR FURTHER

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1 CONSIDERATION. HEARING NONE, ON TO THE NEXT ITEM,
2 WHICH IS --

3 DR. MARTIN: SO MOVED.

4 MR. TORRES: SECOND.

5 CHAIRMAN THOMAS: SO MOVED AND SECONDED,
6 DR. MARTIN, SENATOR TORRES. VOICE VOTE, ALL THOSE
7 IN FAVOR. AYE. MARIA, WILL YOU PLEASE CALL THE
8 ROLL ON THE PHONE.

9 MS. BONNEVILLE: LINDA BOXER.

10 DR. BOXER: YES.

11 MS. BONNEVILLE: DEBORAH DEAS. DAVID
12 HIGGINS.

13 DR. HIGGINS: YES.

14 MS. BONNEVILLE: SHERRY LANSING. SHLOMO
15 MELMED.

16 DR. MELMED: YES.

17 MS. BONNEVILLE: ADRIANA PADILLA.

18 DR. PADILLA: YES.

19 MS. BONNEVILLE: JOE PANETTA.

20 MR. PANETTA: YES.

21 MS. BONNEVILLE: AL ROWLETT.

22 MR. ROWLETT: YES.

23 MS. BONNEVILLE: KRISTINA VUORI. DIANE
24 WINOKUR.

25 MS. WINOKUR: YES.

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1 MS. BONNEVILLE: THANK YOU. I'M GOING TO
2 TRY DEBORAH AGAIN. DEBORAH DEAS.

3 MOTION CARRIES.

4 CHAIRMAN THOMAS: THANK YOU. ON TO THE
5 NEXT ITEM WHICH WAS PREVIEWED BY DR. MILLAN, WHICH
6 IS A REQUEST TO WAIVE 180-DAY WAITING PERIOD TO HIRE
7 RETIRED ANNUITANTS TO PERFORM DUTIES. LIKE TO HAVE
8 MR. TOCHER ADDRESS THIS ITEM, AFTER WHICH I WILL
9 HAVE A COUPLE OF COMMENTS. MR. TOCHER.

10 MR. TOCHER: GOOD MORNING. THANK YOU,
11 CHAIRMAN THOMAS. WITH THIS ITEM, WE ARE SEEKING
12 APPROVAL. SO, YES, WITH THIS ITEM WE ARE SEEKING
13 APPROVAL FROM THE BOARD TO APPOINT AS RETIRED
14 ANNUITANTS CHILA SILVA-MARTIN AND PAT OLSON TO
15 RESPECTIVE ROLES AFTER THEIR RETIREMENT.

16 THE CONCEPT OF RETIRED ANNUITANTS IS
17 FAIRLY STRAIGHTFORWARD, REALLY JUST WHEN A STATE
18 SERVICE PERSON RETIRES FROM STATE SERVICE, BUT COMES
19 BACK ON A TEMPORARY, PART-TIME BASIS TO FULFILL
20 CERTAIN NEEDS AND FUNCTIONS FOR AN AGENCY.

21 TYPICALLY THIS IS DONE WITHOUT MUCH
22 KERFFULE. ON SORT OF AN AD HOC BASIS AS AN AGENCY'S
23 PREP SEASONAL NEEDS MAY CHANGE, IT'S HELPFUL TO
24 BRING IN SOMEONE WITH EXPERTISE AND FAMILIARITY WITH
25 THE MISSION OF THE AGENCY TO FULFILL CERTAIN TASKS.

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1 HOWEVER, SOMETIMES A DEPARTURE, SUCH AS THESE TWO,
2 THE DEPARTURE CREATES A VOID THAT CANNOT BE FILLED
3 IN THE SHORT TERM. AND SO THE LAW ALLOWS A STATE
4 AGENCY TO APPOINT THAT RETIRED ANNUITANT TO THE
5 TEMPORARY ROLE TO FULFILL THOSE CRITICAL NEEDS. AND
6 THAT IS WHY WE HAVE THIS ITEM FOR YOU TODAY BECAUSE
7 CHILA AND PAT WILL BE LEAVING US SHORTLY.

8 THE MEMO FOR THIS ITEM EXPLAINS THE
9 CRITICAL FUNCTIONS THAT EACH PERFORMS AND THAT THEY
10 WILL BE EXPECTED TO PERFORM IN THIS RETIRED
11 ANNUITANT ROLE. MUCH OF IT IS, AS YOU MIGHT EXPECT,
12 HANDLING SHORT-TERM ITEMS AND CONTINUING TO ENSURE
13 THAT THERE'S A SMOOTH TRANSITION TO FOLKS WHO WILL
14 BE TAKING UP THE REINS IN THEIR ABSENCE.

15 SO IF THERE ARE ANY QUESTIONS, I'M HAPPY
16 TO HANDLE THEM. SO FAIRLY STRAIGHTFORWARD.

17 CHAIRMAN THOMAS: IS THERE A MOTION TO
18 APPROVE?

19 MR. TORRES: SO MOVED.

20 DR. PRIETO: SECOND.

21 MS. LANSING: I'LL MOVE IT. THIS IS
22 SHERRY.

23 MR. SHEEHY: I HOPE WE DON'T LET THIS
24 MOMENT PASS WITHOUT REMARKING ON THE EXTRAORDINARY
25 CONTRIBUTIONS OF THESE TWO INDIVIDUALS. CHILA

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1 MARTIN HAS -- I DON'T THINK WE REALLY APPRECIATE THE
2 EXTRAORDINARY LEVEL OF WORK, OF COMPETENCE, OF
3 INTEGRITY THAT WE HAVE GOTTEN FROM OUR FINANCE
4 OFFICER GOING BACK TO WALTER BARNS ON LOAN FROM A
5 STATE AGENCY, THROUGH MARGARET FERGUSON, WHO WAS AN
6 ABSOLUTE CHARM TO WORK WITH, AND WITH CHILA. AT THE
7 END OF THE DAY, NO ONE HAS EVER, AND WE'RE GOING TO
8 GET OUR ACCOUNTING REPORT HERE AT THE END, WHICH IS
9 GLOWING AS USUAL, NO ONE HAS EVER QUESTIONED OUR
10 FINANCIAL CONTROLS. AND IT'S REALLY BEEN AN
11 EXTRAORDINARY AMOUNT OF WORK THAT'S BEEN DONE.

12 SOMETIMES QUIET AND THE LACK OF DRAMA
13 REALLY NEEDS TO BE RESPECTED FOR WHAT IT ACTUALLY
14 MEANS, AND IT'S BEEN INCREDIBLE HARD WORK. WE ARE
15 AN UNUSUAL AGENCY IN HOW WE FIT IN WITH STATE
16 GOVERNMENT. WE ARE RELIANT ON SEVERAL STATE
17 AGENCIES IN ORDER TO DO OUR FINANCIAL WORK, AND I
18 HAVE NOT HEARD A PEEP. THERE HAS NOT BEEN A
19 SCINTILLA OF DISCORD, A SCINTILLA OF IMPROPRIETY,
20 AND I REALLY THINK WE NEED TO ACKNOWLEDGE, NOT JUST
21 CHILA, BUT THE TEAM THAT WE'VE HAD SINCE THE
22 BEGINNING OF THIS AGENCY FOR THEIR EXTRAORDINARY
23 WORK. SO THANK YOU.

24 (APPLAUSE.)

25 MR. SHEEHY: AND THEN FOR DR. OLSON. WHAT

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1 CAN WE SAY? MY LORD. WE'VE BEEN WARRIORS IN THE
2 TRENCHES FROM VIRTUALLY DAY ONE. SHE'S BEEN OUR
3 LEADER AT THE VERY BASIC LEVEL OF SCIENCE AND
4 DISCOVERY FOR YEARS. AND AS DR. MARTIN WAS
5 MENTIONING, WE'VE SEEN A HUGE TRANSFORMATION IN WHAT
6 WE'VE SEEN IN SCIENCE SINCE THE BEGINNING OF THIS
7 AGENCY AND PROGRESS THAT'S BEEN MADE. AND DR. OLSON
8 HAS NEVER BEEN A STEP BEHIND. IF ANYTHING, SHE'S
9 BEEN A COUPLE OF STEPS AHEAD, AND SHE'S BEEN A
10 SCIENTIFIC LEADER, SHE'S BEEN A LEADER AMONG THE
11 PEOPLE WHO WORK FOR THIS AGENCY, SHE'S BEEN AN
12 INSPIRATION, AND A TOTAL JOY TO WORK WITH. THANK
13 YOU, PAT.

14 (APPLAUSE.)

15 CHAIRMAN THOMAS: THANKS VERY MUCH, MR.
16 SHEEHY. I THINK THAT NEATLY ENCAPSULATES UNANIMOUS
17 OPINION FOR BOTH CHILA AND PAT. APPRECIATE YOUR
18 COMMENTS.

19 MR. TORRES: I JUST WANT TO ADD VERY
20 SIMILAR COMMENTS, ESPECIALLY ABOUT CHILA AND PAT.
21 WE'RE NOT SAYING GOODBYE BECAUSE THEY'LL BE BACK
22 PRETTY SOON AFTER WE PASS THIS RESOLUTION. BUT THE
23 FACT OF THE YEARS OF COMMITMENT THAT BOTH HAVE
24 GIVEN, CHILA ESPECIALLY FOR 44 YEARS IN STATE
25 SERVICE. I KNEW HER WHEN I WAS IN THE LEGISLATURE

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1 AND KNOW HER HUSBAND VERY, VERY WELL. SHE WAS
2 ALWAYS FORTHRIGHT THEN.

3 AND WITH PAT, WHO WELCOMED ME FOR THE
4 FIRST TIME WHEN I ARRIVED IN 2009, WE HAD OUR
5 CONFLICTS, BUT WE RESOLVED THEM BECAUSE I KNEW WHO
6 WAS THE BOSS. DURING THOSE YEARS SINCE '09, I
7 ALWAYS TURN TO PAT FOR ADVICE AND COUNSEL, AND I
8 ALWAYS APPRECIATE IT AND THANK GOD YOU'LL STILL BE
9 AROUND EVERY ONCE IN A WHILE TO TALK TO AND TO
10 RECEIVE THAT ADVICE AND COUNSEL AS WELL AS FROM
11 CHILA. THANK YOU BOTH.

12 CHAIRMAN THOMAS: THANK YOU, SENATOR
13 TORRES. OTHER COMMENTS, MEMBERS OF THE BOARD?

14 DR. HIGGINS: MAY I MAKE A COMMENT FROM
15 SAN DIEGO? IT'S POSSIBLE THAT I'VE KNOWN PAT LONGER
16 THAN ANYBODY ELSE ON THIS BOARD. I'M NOT SURE
17 THAT'S TRUE, BUT PAT USED TO BE MY BOSS. I REPORTED
18 DIRECTLY TO HER. AND SOME OF YOU HAVE HEARD THE
19 STORY, SO I WON'T TELL IT AGAIN. SUFFICE IT TO SAY
20 THE FIRST DAY AS A BOARD MEMBER AND WALKED IN THE
21 ROOM AND SAW PAT, I ALMOST PASSED OUT. I WENT OVER
22 AND GRABBED HER AND HUGGED HER.

23 MR. TORRES: SHIVERING IN FEAR, I'M SURE.

24 DR. HIGGINS: I HAVE KNOWN HER AND WORKED
25 WITH HER SINCE 1996. SHE HIRED ME IN 1996 TO WORK

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1 AT CHIRON. AND SHE TO THIS DAY STANDS OUT AS THE
2 MOST -- THE SMARTEST, MOST FOCUSED, THE MOST
3 INSIGHTFUL, AND MOST FUN BOSS I'VE EVER HAD. SO I
4 JUST WANTED TO SAY THAT.

5 CHAIRMAN THOMAS: THANK YOU, DR. HIGGINS.
6 PAT AND FUN ARE SYNONYMOUS.

7 OTHER COMMENTS? WHY DON'T WE VOTE ON
8 THIS, AND THEN I HAVE A COUPLE OF COMMENTS TO ADD.
9 ARE THERE ANY OTHER COMMENTS THAT PERTAIN TO THE
10 MOTION? HEARING NONE, DO WE NEED VOICE VOTE HERE?
11 ALL THOSE IN FAVOR IN THE ROOM PLEASE SAY AYE.
12 OPPOSED? ABSTENTIONS? DO WE HAVE ANY COMMENTS BY
13 ANYBODY ON THE PHONE? MARIA, PLEASE TAKE THE ROLL.

14 MS. BONNEVILLE: LINDA BOXER.

15 DR. BOXER: YES.

16 MS. BONNEVILLE: DEBORAH DEAS.

17 DR. DEAS: YES.

18 MS. BONNEVILLE: DAVID HIGGINS.

19 DR. HIGGINS: YES.

20 MS. BONNEVILLE: SHERRY LANSING.

21 MS. LANSING: YES. YES WITH ENTHUSIASM
22 AND YES FOR THE ONE BEFORE.

23 MS. BONNEVILLE: SHLOMO MELMED.

24 DR. MELMED: YES.

25 MS. BONNEVILLE: ADRIANA PADILLA.

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1 DR. PADILLA: YES.

2 MS. BONNEVILLE: JOE PANETTA.

3 MR. PANETTA: DEFINITELY YES.

4 MS. BONNEVILLE: AL ROWLETT.

5 MR. ROWLETT: AN ENTHUSIASTIC YES.

6 MS. BONNEVILLE: KRISTINA VUORI.

7 DR. VUORI: YES.

8 MS. BONNEVILLE: DIANE WINOKUR.

9 MS. WINOKUR: YES.

10 MS. BONNEVILLE: MOTION CARRIES.

11 MR. TORRES: HERE. HERE.

12 (APPLAUSE.)

13 CHAIRMAN THOMAS: SO PAT, AS WAS NOTED,
14 WILL BE LEAVING EFFECTIVE, I BELIEVE IT'S, JUNE
15 30TH, AND ACCORDINGLY AT THE QUARTERLY ALL-HANDS
16 MEETING THAT DR. MILLAN CONVENES FOUR TIMES A YEAR,
17 THIS LAST ONE FEATURED A NUMBER OF COMMENTS ABOUT
18 PAT BY MEMBERS OF THE TEAM, MANY OF WHICH WERE QUITE
19 AMUSING. AND A COUPLE OF THEM WERE, FOR EXAMPLE,
20 MARIA BONNEVILLE COMMENTED THAT HER SECOND DAY AT
21 WORK, SHE WALKED IN AND PAT YELLED AT HER. AND SHE
22 SAID, WHAT DID I DO AND WHAT'S THIS ALL ABOUT? AND
23 SHE JUST CAME TO REALIZE THAT'S PAT.

24 MS. BONNEVILLE: NOT YELLED AT ME, YELLED
25 IN MY PRESENCE.

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1 CHAIRMAN THOMAS: I THINK YOU SAID AT YOU.

2 MS. BONNEVILLE: I WAS THERE.

3 CHAIRMAN THOMAS: ANOTHER THAT I THOUGHT
4 WAS QUITE AMUSING. DR. SHEPARD TELLS THE STORY
5 ABOUT COMMUTING IN FROM MARIN AND WAS INVOLVED --
6 APPARENTLY BECAUSE THEY LIVE CLOSE KNOWS PAT'S
7 LICENSE PLATE WELL, AND WAS SORT OF DRIVING BEHIND
8 PAT ON THIS ONE PARTICULAR DAY. AND PAT, IN HER
9 HASTE TO GET WHEREVER SHE WAS GOING, CUT OFF SOME
10 DRIVER, WHO REACTED QUITE VIGOROUSLY WITH SPICY
11 COMMENTARY, UNCLEAR IF THERE WERE ANY GESTURES OR
12 WHATEVER, AND KELLY LOOKED OVER AT THAT DRIVER, AND
13 IT TURNED OUT TO BE RANDY. AND KELLY LATER NOTED
14 THAT TO PAT, AND PAT SAID, "OH, IT WAS JUST RANDY,"
15 AND SORT OF BLEW IT OFF.

16 ANYWAY, THERE WERE LOTS OF VERY FUNNY
17 STORIES, LOTS OF POIGNANT STORIES, A FEW BREAKS IN
18 THE COMMENTS EVIDENCING GREAT LOVE FOR PAT, AND IT
19 WAS A GREAT SESSION.

20 NOW, SINCE CHILA DOESN'T LEAVE UNTIL LATER
21 AFTER THE THIRD QUARTER, THERE'S GOING TO BE AN ALL
22 HANDS MEETING TO CELEBRATE HER BY THE TEAM. I'M
23 SURE THERE WILL BE SOME AMUSING STORIES TOLD THERE
24 AS WELL. THIS IS ONE OF THOSE SORT OF WATERSHED
25 MOMENTS WHERE WE ARE LOSING, BUT NOT REALLY, BUT

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1 LOSING TWO VERY CENTRAL PLAYERS. I THINK MR. SHEEHY
2 AND SENATOR TORRES AND DR. HIGGINS CAPTURED THAT.
3 YOU NEEDN'T LOOK FURTHER THAN ALL THE THINGS THEY'RE
4 GOING TO BE ASKED TO BE INVOLVED WITH AS RETIRED
5 ANNUITANTS ON THE ITEM ON THE AGENDA TO SEE HOW
6 CENTRAL AND KEY TO EVERYTHING THAT IS CIRM THE TWO
7 OF THEM WERE.

8 SO I THOUGHT IT WOULD BE NICE TO, SINCE
9 BOTH OF THEM ARE HERE, IF THEY WOULD SAY A COMMENT
10 OR TWO TO THE BOARD. PAT, WHO, OF COURSE, LOVES TO
11 TALK, AND CHILA, WHO SHE INFORMED ME DOESN'T,
12 NONETHELESS --

13 MR. TORRES: LUCKY SHE'S LEAVING.

14 CHAIRMAN THOMAS: BOTH HAVE AGREED TO SAY
15 A FEW WORDS TO THE BOARD. SO WE'LL START, PAT, WITH
16 YOU IF YOU WOULD, PLEASE.

17 DR. OLSON: FIRST, THANK YOU FOR YOUR
18 COMMENTS, JEFF, ART, AND DAVID. I REALLY APPRECIATE
19 THEM. I DO NOT KNOW HOW I'VE GOTTEN THIS REPUTATION
20 AS BEING, ONE, A FUN PERSON AND, TWO, A TALKATIVE
21 PERSON. IT JUST ESCAPES ME. AND YELLING, I MUST
22 ADMIT I GET EXCITED, AND EVEN MY HUSBAND TELLS ME,
23 "LOWER YOUR VOICE. I'M RIGHT NEXT TO YOU."

24 MS. BONNEVILLE: IT'S NOT MEAN YELLING.

25 DR. OLSON: I GET EXCITED, I TALK LOUD.

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1 YOU ALL PROBABLY WILL HAVE NO PROBLEM HEARING ME
2 TODAY.

3 I DO JUST WANT TO SAY A FEW WORDS. I CAME
4 HERE INITIALLY AS A CONSULTANT TO ARLENE FOR THE
5 TRAINING PROGRAM BACK IN 2005 AND THEN GOT HIRED IN
6 2006. WHY WAS I INTERESTED IN CIRM? YOU KNOW,
7 GUYS, IT WAS A NASCENT, NEW SCIENCE. IT OFFERED NEW
8 OPPORTUNITIES, NEW APPROACHES FOR NEW THERAPIES TO
9 MAKE A DIFFERENCE IN PEOPLE'S LIVES.

10 I CAME FROM CHIRON. MY ENTIRE
11 PROFESSIONAL CAREER AFTER GRADUATE SCHOOL AND
12 POST-DOC WAS AT CHIRON IN A NUMBER OF DIFFERENT
13 JOBS. ACTUALLY WHEN ARLENE HIRED ME, I WAS THE VERY
14 FIRST PERSON WHO HAD INDUSTRY EXPERIENCE, AND I
15 LOOKED AT THIS AS A GREAT OPPORTUNITY BECAUSE MOST
16 OF THE PEOPLE THERE WERE USED TO DEALING WITH
17 SCIENTISTS, WHICH, BY THE WAY, I CONSIDER BASIC
18 SCIENCE AS BEING EXTREMELY IMPORTANT, BUT I ALSO
19 REALLY ESPOUSE THE IDEA OF WHEN IT'S READY, LET'S
20 MOVE IT ALONG. SO I WAS VERY EXCITED. AND, BOY,
21 I'VE LISTENED TO ALL OF YOU TODAY, TO MARIA, TO
22 DR. MARTIN, TO MANY OF YOU HIGHLIGHT ALL THE CHANGES
23 THAT HAVE HAPPENED IN THE 13 AND A HALF YEARS SINCE
24 I STARTED WORKING. WHO COULD HAVE GUESSED IT,
25 REALLY?

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1 I THINK WE ALWAYS UNDERESTIMATE THE
2 PROGRESS, BUT THIS HAS JUST BEEN PHENOMENAL. AND I
3 WANT TO ACKNOWLEDGE AND LOOK AT WHAT WE HAVE
4 ACCOMPLISHED TOGETHER. YOU'VE HEARD IT ALL, THE
5 TRIALS, THE FUNDING OF THE VALLEY OF DEATH. AND I
6 WOULD NOTE THAT CIRM HAS ACTUALLY FUNDED OVER 50
7 PROGRAMS IN THE SO-CALLED DEVELOPMENT, PRECLINICAL
8 DEVELOPMENT STAGE, WHETHER IT WAS THE TRANSLATIONAL
9 PROGRAM OR THE CLIN1. THOSE PROGRAMS TAKE A
10 CANDIDATE FROM RESEARCH AND GET IT READY TO GO INTO
11 PEOPLE. AND THAT IS JUST A SPACE THAT IS NOT
12 COMMONLY FUNDED BY ANY AGENCY EVEN NOW.

13 SO I'D JUST LIKE TO REMIND YOU OF SOME OF
14 THE THINGS THAT I THINK MAKES US AS AN ORGANIZATION
15 UNIQUE AND THAT THE BOARD HAS SUPPORTED US EVERY
16 STEP OF THE WAY.

17 I THINK WE HAVE REALLY BEEN A DRIVER IN
18 THE GROWTH OF THIS FIELD. I THINK WE WERE THE FIRST
19 AGENCY EXCLUSIVELY DEDICATED TO FUNDING STEM CELL
20 RESEARCH AND REGENERATIVE MEDICINE, AND I LOOK AT
21 EVERYBODY AS SORT OF PILING ON TO JUST KEEP UP WITH
22 IT. SO WE MAKE A REALLY -- I THINK THAT WAS AN
23 IMPORTANT CONTRIBUTION. AND WE'VE DONE SO BY
24 INTRODUCING, I'D SAY, CONCEPTS THAT WERE RELATIVELY
25 NEW IN FUNDING ORGANIZATIONS. PIPELINE FUNDING, WE

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1 DID A LOT OF BASIC RESEARCH FUNDING AT THE START,
2 BUT WE ALSO PUT IN PLACE THE INFRASTRUCTURE AND THE
3 PIPELINE FUNDING. AND THAT IS, IF YOU HAD SOMETHING
4 THAT YOU FELT YOU COULD MOVE TO THE NEXT STAGE,
5 THERE WAS A NEXT STAGE TO GO TO.

6 WE'VE FORMALIZED THAT, WE'VE STREAMLINED
7 THAT OVER THE YEARS, BUT WE HAVE DONE THAT ALL
8 ALONG.

9 ANOTHER THING THAT WE'VE DONE THAT I THINK
10 IS VERY DIFFERENT FROM MANY ORGANIZATIONS IS,
11 PARTICULARLY IN THE DEVELOPMENT, THE PRECLINICAL
12 DEVELOPMENT, AND CLINICAL STAGE FUNDING, WE HAVE
13 FUNDED ALL THE ACTIVITIES THAT ARE NECESSARY TO
14 SUCCESSFULLY COMPLETE THAT STAGE. THIS IS EXTREMELY
15 UNUSUAL. THIS PREVENTS INVESTIGATORS LIKE DON KOHN,
16 LIKE MANY OTHERS, FROM HAVING TO GET FOUR OR FIVE
17 DIFFERENT GRANTS TO BE ABLE TO COMPLETE TO GET TO
18 ONE IND FILING. AND THAT'S A VERY IMPORTANT FEATURE
19 OF WHAT WE'VE DONE, AND I THANK YOU ALL FOR
20 RECOGNIZING THAT AND AGREEING TO IT.

21 WE HAVE BEEN WHAT I CALL ACTIVE
22 MANAGEMENT. WE PUT ADVISORY PANELS IN PLACE. WE
23 PARTNER WITH OUR GRANTEES. WE TRY AND ENSURE THEIR
24 SUCCESS. I WAS SURPRISED TO DISCOVER, MAYBE THIS IS
25 NOT SO TRUE, BUT THAT A LOT OF PEOPLE AT NIH,

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1 PROGRAM OFFICERS, HAVE SO MANY AWARDS THAT THEY
2 DON'T NECESSARILY KEEP TRACK OF THEM; BUT
3 PARTICULARLY WHEN YOU GET INTO DEVELOPMENT STAGE
4 AWARDS, YOU REALLY HAVE TO DO THAT, AND I THINK WE
5 DO THAT VERY WELL.

6 SO I JUST WANT TO CONCLUDE BY THANKING YOU
7 ALL FOR THE PRIVILEGE OF WORKING WITH YOU, FOR THE
8 PRIVILEGE OF REALIZING THIS OPPORTUNITY IN
9 REGENERATIVE MEDICINE WHICH IS EVEN NOW BRINGING
10 TREATMENTS TO PATIENTS WITH CHRONIC DISEASE AND
11 INJURY. SO THANK YOU. I REALLY APPRECIATE IT.

12 (APPLAUSE.)

13 CHAIRMAN THOMAS: THANK YOU, PAT. AND
14 YOUR CONTRIBUTION TO ALL OF THE ABOVE CAN'T BE
15 OVERSTATED, AND YOUR INSTITUTIONAL MEMORY AND
16 ABILITY TO LAY THAT OUT AND MAKE SURE THAT EVERYBODY
17 UNDERSTANDS IS GREATLY APPRECIATED. SO THANK YOU
18 FOR EVERYTHING YOU'VE DONE.

19 MS. SILVA-MARTIN: FIRST OF ALL, I WANT TO
20 THANK YOU ALL FOR VERY KIND WORDS. THEY'RE VERY
21 HEARTFELT. IT'S REALLY BEEN AN HONOR WORKING AT
22 CIRM.

23 WHEN I ACCEPTED THIS JOB AT CIRM, THERE
24 WAS A PLAN. I WAS GOING TO WORK FOR THREE YEARS AND
25 THEN I WAS GOING TO RETIRE. BUT THE MISSION, THE

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1 DEDICATION THAT I SAW FROM THIS BOARD, FROM OUR
2 TEAM, FROM OUR GRANTEES, AND ESPECIALLY THE
3 DEDICATION THAT I SAW FROM THE PATIENT ADVOCATES, IT
4 INSPIRED ME. IT INSPIRED ME TO KEEP WORKING, AND SO
5 HERE I AM ALMOST TEN YEARS LATER.

6 I HAVE HAD A GREAT CIVIL SERVICE CAREER.
7 I'VE WORKED FOR THE STATE FOR 44 YEARS, TEN
8 DIFFERENT DEPARTMENTS. SOME OF THE DEPARTMENTS THAT
9 I WORKED FOR WERE VERY NECESSARY DEPARTMENTS BECAUSE
10 THEY PROVIDE SERVICES THAT ARE MUCH NEEDED BY THE
11 CITIZENS OF CALIFORNIA.

12 ONE OF THE PROGRAMS THAT I ADMINISTERED
13 WAS A CHILD NUTRITION PROGRAM AT THE DEPARTMENT OF
14 EDUCATION WHERE WE PROVIDED \$1.6 BILLION EACH YEAR
15 IN GRANTS TO SCHOOLS AND AFTER-SCHOOL PROGRAMS, DAY
16 CARE PROGRAMS WHERE THEY PROVIDED MEALS TO CHILDREN.
17 AND SOMETIMES THE MEALS THAT THEY PROVIDED WERE THE
18 ONLY NUTRITIONAL MEALS THESE CHILDREN RECEIVED. SO
19 THAT PROGRAM IS VERY IMPORTANT OBVIOUSLY.

20 WHILE AT THE DEPARTMENT OF EDUCATION, I
21 ALSO WORKED IN THEIR MIGRANT EDUCATION PROGRAM. SO
22 WE MANAGED GRANTS THERE, AND WE DID FINANCIAL AUDITS
23 OF MIGRANT FUNDS THAT WERE USED TO SUPPORT AND
24 PROVIDE MIGRANT CHILDREN WITH EDUCATION AND
25 RESOURCES, ANOTHER GREAT PLACE TO WORK AT. TO ME

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1 THESE PROGRAMS WERE LIKE A SAFETY NET BEFORE THESE
2 INDIVIDUALS FELL INTO A DARK HOLE, INTO THE ABYSS.

3 WHEN I HEARD ABOUT CIRM, FOR ME CIRM WAS
4 DIFFERENT. CIRM IS REALLY ABOUT HOPE, HOPE THAT
5 SOMEDAY SOON WE WILL HAVE CURES AND TREATMENTS FOR
6 THESE DEVASTATING ILLNESSES THAT PEOPLE ARE LIVING
7 WITH. UNFORTUNATELY FOR ME I KNOW TOO WELL WHAT
8 IT'S LIKE TO STAND BY AND WATCH A LOVED ONE DEAL
9 WITH ONE OF THESE ILLNESSES, FEELING HELPLESS THAT I
10 COULDN'T HELP.

11 I LOST MY HUSBAND WHEN HE WAS ONLY 32
12 YEARS OLD TO COMPLICATIONS FROM GRAFT VERSUS HOST
13 BECAUSE HE HAD A BONE MARROW TRANSPLANT. I WATCHED
14 MY MOTHER SUFFER THROUGH BREAST CANCER, AND THEN SHE
15 SUBSEQUENTLY DIED FROM PANCREATIC CANCER. AND
16 THAT'S JUST A FEW OF THE ILLNESSES THAT I'VE SEEN
17 SOME OF MY FAMILY MEMBERS SUFFER THROUGH. SO FOR ME
18 CIRM IS REALLY ALL ABOUT HOPE, AND SOON WE'LL HAVE
19 CURES AND TREATMENTS TO DEAL WITH THESE DEVASTATING
20 ILLNESSES.

21 SO WHEN THE OPPORTUNITY TO WORK AT CIRM
22 BECAME AVAILABLE, I KNEW THIS WAS WHERE I WANTED TO
23 END MY STATE CAREER. I WANTED TO BE PART OF AN
24 ORGANIZATION THAT HELPED TO MAKE CURES AND
25 TREATMENTS POSSIBLE. I DIDN'T HAVE ANY SCIENTIFIC

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1 EXPERTISE AND I WASN'T PLANNING TO GO BACK TO SCHOOL
2 TO GET A SCIENCE DEGREE, BUT I HAD A LOT OF STATE
3 EXPERIENCE, PARTICULARLY IN THIS FINANCIAL ARENA. I
4 HAD WORKED IN BUDGETING, ACCOUNTING, PROCUREMENT AND
5 CONTRACTING, TO NAME A FEW. SO I FELT THAT I COULD
6 MAKE THAT MY CONTRIBUTION TO THIS ORGANIZATION.

7 SO I REALLY WANT TO THANK ALL OF YOU FOR
8 THIS WONDERFUL OPPORTUNITY. IT'S REALLY BEEN A
9 PLEASURE SERVING THIS BOARD. I WANT TO THANK J.T.,
10 ART, STEVE FOR ALL THE SUPPORT AND ALL THE OTHER
11 FINANCE COMMITTEE MEMBERS THAT HAVE SUPPORTED ME
12 THROUGHOUT THE YEAR. I WANT TO THANK MARIA MILLAN
13 FOR SUPPORTING ME AND GIVING ME THE OPPORTUNITY,
14 RANDY AND ELLEN AS WELL. IT'S REALLY BEEN A
15 WONDERFUL PLEASURE WORKING WITH ALL THE LEADERSHIP
16 TEAM, WITH THE CIRM TEAM. THEY'RE JUST SO
17 DEDICATED, AND THEY WORK VERY HARD.

18 BUT I ESPECIALLY WANT TO THANK MY TEAM.
19 SO WE HAVE SHEILA AND SUMI AND ALL THE OTHERS BEFORE
20 THEM. WE HAD LELIA, WE HAD CELESTE, MARIA, CYNTHIA,
21 PAUL, DOUG, ALL WORKED IN THE FINANCE TEAM AND, OF
22 COURSE, MARGARET. NOT ONLY DID SHE HIRE ME, BUT SHE
23 CONTINUED TO SUPPORT ME AS A RETIRED ANNUITANT
24 THROUGHOUT THE YEARS, AND SHE ALWAYS SUPPORTED ME
25 WHEN I NEEDED HER THE MOST. SO THANK YOU TO MY

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1 FINANCE TEAM FOR THEIR DEDICATION, THEIR HARD WORK,
2 FOR ALWAYS HAVING A CAN-DO ATTITUDE, AND NOTHING WAS
3 EVER TOO SMALL OR TOO BIG FOR THEM TO TAKE ON. IT'S
4 BEEN A GREAT TEN YEARS FOR ME, AND I JUST WANT TO
5 THANK YOU ALL FOR THE OPPORTUNITY. THANK YOU.

6 (APPLAUSE.)

7 CHAIRMAN THOMAS: THANK YOU, CHILA. I
8 THINK YOUR SENTIMENTS AS TO WHY YOU WANTED TO WORK
9 HERE ARE SHARED BY ALL AND COULDN'T CAPTURE BETTER
10 THE FEELING THAT EVERYBODY HAS ABOUT ADVANCING
11 CIRM'S MISSION. SO THANK YOU FOR ALL THAT YOU'VE
12 DONE. I WANT TO UNDERSCORE SOMETHING MR. SHEEHY
13 SAID, WHICH IS WHEN IT COMES TO FINANCIAL STUFF AND
14 REPORTING AND AUDITS, NO NEWS IS GOOD NEWS. AND
15 WE'VE HAD NOTHING BUT NO NEWS ALL THE WAY THROUGH.
16 AND THAT IS A TRUE TESTAMENT TO YOUR HARD WORK,
17 UNDERSTANDING WHAT IT TOOK TO GET THE JOB DONE. AND
18 WE ARE VERY, VERY GRATEFUL FOR EVERYTHING. SO THANK
19 YOU SO MUCH.

20 OKAY. WELL, YOU'RE UP AGAIN. ITEM NO. 8,
21 CONSIDERATION OF THE CIRM BUDGET FOR FISCAL
22 2019/2020.

23 MS. SILVA-MARTIN: OKAY. WELL, GOOD
24 MORNING AGAIN. THANK YOU FOR THE OPPORTUNITY TO
25 PRESENT THE BUDGET.

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1 SO, FIRST, FOR PRESENTATION TODAY, I JUST
2 WANT TO BRIEFLY COVER THE AGENDA AND WHAT I'LL BE
3 COVERING. SO WE'LL FIRST LOOK AT THE CURRENT YEAR,
4 THE '18/'19 FISCAL YEAR. WE'LL LOOK AT WHERE WE
5 EXPECT TO END THE FISCAL YEAR AND COMPARE IT AGAINST
6 WHAT WAS AUTHORIZED FOR THE YEAR. AND THEN I'LL
7 JUST TALK BRIEFLY ABOUT SOME OF THE MAJOR ITEMS THAT
8 DROVE THOSE FINAL NUMBERS. THEN I'LL REVIEW THE
9 '19/'20 BUDGET. I WILL LOOK AT THAT REQUEST AGAINST
10 WHERE WE EXPECT TO END THE '18/'19 FISCAL YEAR THIS
11 JUNE. I WILL REVIEW SOME OF THE DRIVERS THAT ARE
12 IMPACTING THE REQUEST. AND, FINALLY, TALK ABOUT
13 SOME POTENTIAL RISKS THAT COULD IMPACT THAT BUDGET
14 NEXT YEAR.

15 AND THEN THE LAST THING I WANT TO COVER
16 IS, AS YOU MAY RECALL, IN NOVEMBER OF 2017, WE HAD A
17 TRANSITION PLANNING MEETING. AND AT THAT MEETING WE
18 PRESENTED THE LITTLE BUCKET NUMBERS. AND SO I WANT
19 TO COMPARE THE '19/'20 BUDGET REQUEST AGAINST WHERE
20 WE THOUGHT WE WOULD BE BACK IN NOVEMBER OF 2017 FOR
21 THE 19/'20 FISCAL YEAR, AND THEN FINALLY JUST REVIEW
22 THE OVERALL LITTLE BUCKET AND WHERE WE STAND WITH
23 THAT AND HOW WE PLAN TO USE IT FOR THE REMAINDER OF
24 THE YEAR.

25 FIRST, LOOKING AT THE CURRENT FISCAL YEAR.

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1 SO THIS CHART REFLECTS OUR BUDGET AT THE CATEGORICAL
2 LEVEL. SO THE FIRST COLUMN REFLECTS THE CATEGORY OF
3 EXPENDITURES, AND THE NEXT COLUMN REFLECTS THE
4 BUDGET THIS BOARD AUTHORIZED FOR US IN THE '18/'19
5 FISCAL YEAR. AND IF YOU LOOK AT THE TOTAL ROW, THE
6 LAST ROW, THAT WAS JUST \$16.8 MILLION. THE THIRD
7 ROW REFLECTS WHERE WE THINK WE'RE GOING TO END THE
8 FISCAL YEAR THIS JUNE 30TH, AND WE'RE JUST AT ABOUT
9 \$14.9 MILLION THAT WE THINK WE WILL SPEND.

10 THE LAST ROW REPRESENTS THE VARIANCE OR
11 THE SAVINGS OR OVERRUNS THAT WE THINK WE'LL HAVE IN
12 THE BUDGET. AS YOU CAN SEE, WE DO NOT ANTICIPATE
13 ANY OVERRUNS IN ANY OF THE CATEGORIES. AS A MATTER
14 OF FACT, WE ANTICIPATE WE WILL BE SAVING SOMEWHERE
15 IN THE VICINITY OF ABOUT \$2 MILLION.

16 SO THE MAJORITY OF THAT SAVINGS IS IN
17 THREE AREAS REPRESENTED BY THIS PIE CHART. THE
18 AREAS WHERE WE'RE SEEING THE BIGGEST SAVINGS ARE IN
19 EMPLOYEE EXPENSES, REVIEWS, MEETINGS AND WORKSHOPS,
20 AND EXTERNAL SERVICES. SO I'D LIKE TO JUST BRIEFLY
21 TALK ABOUT THESE AREAS AND WHY THOSE SAVINGS
22 OCCURRED.

23 SO FOR EMPLOYEE EXPENSES, WE ANTICIPATE
24 THAT WE'LL HAVE \$739,000 SAVINGS. WHY IS THIS
25 HAPPENING? WELL, WHEN WE SUBMITTED THE '18/'19

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1 BUDGET, WE REQUESTED SUPPORT FOR 45 POSITIONS.
2 THOSE WERE THE NUMBER OF POSITIONS WE FELT WE NEEDED
3 TO MEET OUR STRATEGIC GOALS AND GET THE WORK DONE.
4 DURING THE FIRST QUARTER OF THIS FISCAL YEAR, WE
5 EXPERIENCED SEVERAL VACANCIES. WHENEVER WE HAVE A
6 VACANCY, WE TAKE A LOOK AT THE WORKLOAD OF THE
7 POSITION, AND THEN WE LOOK AT THE OTHER WORKLOAD OF
8 ALL OF THE REST OF OUR TEAM MEMBERS SO THAT WE CAN
9 DECIDE WHETHER WE SHOULD FILL THE POSITIONS OR
10 WHETHER WE SHOULD REDISTRIBUTE THE WORK.

11 FOR SEVERAL, THE MAJORITY OF THE
12 POSITIONS, WE DETERMINED THAT WE WERE GOING TO
13 REDISTRIBUTE THE WORK TO OUR EXISTING STAFF. AND
14 FOR US AND FOR THE TEAM, THAT'S A WIN-WIN SITUATION
15 BECAUSE OUR EMPLOYEES ARE THEN ABLE TO ACQUIRE NEW
16 SKILLS, WE'RE ABLE TO GET THE WORK DONE, AND MEET
17 OUR STRATEGIC GOALS.

18 THERE WERE A COUPLE OF POSITIONS, HOWEVER,
19 THAT WHEN WE EVALUATED THEM, WE DETERMINED THAT WE
20 DID NEED TO FILL THEM AND SO WE MOVED FORWARD TO
21 FILL THEM. SO AT THE BEGINNING OF THE YEAR, WE
22 STARTED WITH 45 POSITIONS, AND WE ARE NOW AT 40
23 POSITIONS FILLED.

24 WE EXPERIENCED A FAIRLY SIGNIFICANT DOLLAR
25 SAVINGS IN OUR EXTERNAL SERVICES, JUST UNDER

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1 \$400,000. SO REALLY THERE ARE TWO FACTORS IMPACTING
2 THAT. ONE, WE ACTUALLY DID BUDGET, WE DID EXPENSE
3 SOME OF THESE ITEMS, BUT THE COSTS CAME IN LOWER
4 THAN WHAT WAS BUDGETED. AND THEN IN SOME INSTANCES,
5 WE ACTUALLY DIDN'T CONTRACT FOR SERVICES THAT WE
6 THOUGHT WE MIGHT NEED. SO, FOR EXAMPLE, AS YOU
7 KNOW, THROUGHOUT MOST OF CIRM'S LIFE, WE HAVE HAD
8 INTERNAL LEGAL STAFF, BUT WE'VE ALSO SECURED LEGAL
9 SERVICES FROM OUTSIDE COUNSEL, MAINLY THE REMCHO
10 COMPANY. THIS YEAR WE CONTINUED TO USE EXTERNAL
11 SERVICES, BUT VERY SMALL. WE'RE NOW DOWN TO TWO
12 LEGAL STAFF, BUT THEY'RE VERY EFFICIENT. THEY WERE
13 ABLE TO ACCOMPLISH THE MAJORITY OF THE WORK WITH THE
14 TWO POSITIONS, AND SO OUR COST AND LEGAL CAME IN
15 LOWER. THERE ARE OTHER AREAS WHERE WE ALSO SAW SOME
16 SAVINGS. FOR EXAMPLE, IN OUR TRANSCRIBING SERVICES
17 FOR THIS BOARD AND OUR MEETINGS, WE ARE SEEING
18 OVERALL REDUCTION IN THOSE SERVICES. SO WHILE WE'RE
19 SEEING LITTLE POCKETS OF SAVINGS IN OTHER AREAS, THE
20 MAJORITY OF IT'S COMING FROM OUR LEGAL UNIT.

21 ANOTHER AREA WHERE WE SAW SAVINGS WAS IN
22 REVIEWS, MEETINGS, AND WORKSHOPS, ALMOST \$500,000
23 THERE. WHY DID THAT HAPPEN? FOR BASICALLY THE SAME
24 REASONS AS FOR EXTERNAL SERVICES. COSTS CAME IN
25 LOWER THAN WAS BUDGETED OR WE DIDN'T END UP SPENDING

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1 THE MONEY AT ALL .

2 SO, FOR EXAMPLE, OUR GRANTS REVIEW, WE HAD
3 PLANNED TO HOLD 15 REVIEWS, BUT WE ANTICIPATE THAT
4 WE WILL ONLY HOLD 14 REVIEWS THIS YEAR, AND IT'S
5 REALLY DUE TO OUR BIG BUCKET BALANCES. AND THEN FOR
6 ALL OF OUR OTHER MEETINGS, INCLUDING GWG, ICOC, CAP,
7 TAP, WE PUT TOGETHER A BUDGET, BUT ALL OF THE COSTS
8 HAVE COME IN LOWER THAN WAS BUDGETED. AND THAT'S
9 REALLY A TESTAMENT TO THE TEAM THAT'S RESPONSIBLE
10 FOR PUTTING THESE MEETINGS ON. THEY RECOGNIZE THAT
11 WE HAVE LIMITED FUNDS, AND SO THEY'RE VERY MINDFUL
12 OF THAT. AND SO WHENEVER THEY GO OUT TO PROCURE
13 SERVICES, THEY TRY TO GET US THE BEST DEAL THEY CAN,
14 AND THEY'VE BEEN VERY SUCCESSFUL AND WE'RE SEEING
15 LOWER COSTS OVERALL .

16 SO THAT'S THE CURRENT YEAR. I'D LIKE TO
17 NOW MOVE ON TO THE '19/'20 BUDGET REQUEST. SO,
18 AGAIN, IN THIS CHART WE ARE REPRESENTING THE BUDGET
19 BY THE CATEGORIES OF EXPENDITURE AS REFLECTED IN THE
20 FIRST COLUMN. THE SECOND COLUMN REFLECTS THE
21 '18/'19 BUDGET AUTHORIZATION LIKE IN THE OTHER
22 CHART, \$16.8 MILLION. THE THIRD CHART REFLECTS
23 WHERE WE EXPECT TO BE AT JUNE 30, \$14.9 MILLION, AND
24 OUR ASK FOR '19/'20 IS REFLECTED IN THE LAST COLUMN
25 OF \$15.6 MILLION.

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1 SO COMPARING THIS YEAR TO YEAR. AS I JUST
2 SAID, AUTHORIZED FOR '18/'19 WAS 16.8 MILLION. WE
3 EXPECT TO BRING THE BUDGET IN AT 14.9. HOW DOES THE
4 '19/'20 BUDGET COMPARE TO THAT? WELL, IT'S \$1.2
5 MILLION LESS THAN THE '18/'19 BUDGET AND \$700,000
6 MORE THAN WHERE WE EXPECT TO END THE FISCAL YEAR.
7 SO THAT REQUEST IS \$15.6 MILLION.

8 SO WHAT I'D LIKE TO FOCUS ON IS WHAT'S
9 DRIVING THAT \$700,000 INCREASE. SO AS I MENTIONED
10 IN MANY OTHER MEETINGS, WE ARE A STATE AGENCY, AND
11 WE ARE MANDATED TO PAY CERTAIN EMPLOYEE BENEFITS.
12 THESE ARE BENEFITS THAT ARE NEGOTIATED BY SUCH
13 AGENCIES AS CALHR AND CALPERS. THEY INCLUDE
14 RETIREMENT BENEFITS, HEALTH BENEFITS, AND IN THIS
15 LAST YEAR THEY'VE ADDED ANOTHER BENEFIT. IT'S
16 CALLED POSTRETIREMENT HEALTH BENEFITS. SO WE'VE
17 BEEN NOTIFIED BY THESE AGENCIES THAT THOSE COSTS ARE
18 GOING TO INCREASE, AND SO WE ADJUSTED THE BUDGET FOR
19 THOSE AMOUNTS.

20 WE ALSO CONTRACT WITH THE DEPARTMENT OF
21 GENERAL SERVICES FOR ACCOUNTING SERVICES. AND YEAR
22 OVER YEAR THEIR SERVICES CONTINUE TO RISE. THE
23 MAJORITY OF THE INCREASE IN THE '19/'20 FISCAL YEAR
24 IS BECAUSE OF THE IMPLEMENTATION OF FISCAL, WHICH IS
25 THE STATE'S NEW BUDGETING, PROCUREMENT, CONTRACTING,

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1 ACCOUNTING SYSTEM. AS THEY ADD MORE FUNCTIONALITY,
2 THE COSTS ARE INCREASING, THEY'RE PASSING ON THOSE
3 INCREASES TO ACCOUNTING DEPARTMENTS, AND, OF COURSE,
4 THEN WE GET THAT INCREASE PASSED ON TO US AS ONE OF
5 THEIR CLIENTS. THIS NEXT YEAR WE ARE ANTICIPATING
6 ABOUT A 6-PERCENT INCREASE IN THAT AREA.

7 WE HAVE INCLUDED SOME FUNDS FOR LEGAL THAT
8 MAY OR MAY NOT MATERIALIZE, BUT IT DEPENDS ON WHAT
9 KIND OF EXPERTISE WE MAY REQUIRE DURING THE '19
10 FISCAL YEAR, AND WE JUST WANT TO BE PREPARED IN CASE
11 WE NEED THOSE SERVICES.

12 OUR GRANTS MANAGEMENT SYSTEM IS A VERY
13 IMPORTANT SYSTEM, AND SO OUR I.T. UNIT HAS ASKED FOR
14 FUNDS TO MAKE SURE WE HAVE SECURITY SERVICES ON OUR
15 I.T. INFRASTRUCTURE.

16 FINALLY, WE ANTICIPATE THAT OUR CLINICAL
17 PORTFOLIO IS GOING TO CONTINUE TO INCREASE FOR OUR
18 CLINICAL AND TRANSLATIONAL PROGRAMS. AS A RESULT,
19 WE ANTICIPATE THAT WE'LL HAVE MORE CAP, CLINICAL AND
20 TRANSLATIONAL ADVISORY PANEL, ACTIVITY THIS NEXT
21 YEAR.

22 WHILE WE TRY REALLY HARD TO MANAGE OUR
23 COSTS AND BRING OUR COSTS UNDER BUDGET, THERE ARE
24 SOME THINGS THAT WE CAN'T CONTROL OR WE CAN'T
25 ACCURATELY PREDICT. SO ONE OF THEM IS TURNOVER.

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1 HOPEFULLY THE ONLY TURNOVER YOU WILL SEE NEXT YEAR
2 IS PAT AND I, BUT WHO KNOWS. THAT MAY NOT HAPPEN,
3 AND WE MIGHT HAVE MORE TURNOVER WITH THE STAFF.
4 SHOULD THAT HAPPEN, OUR COSTS WILL PROBABLY COME IN
5 LOWER AGAIN NEXT YEAR.

6 ANOTHER AREA IS OUR PORTFOLIO ACTIVITY.
7 BECAUSE WE DO HAVE LIMITED FUNDING, IT'S POSSIBLE
8 PORTFOLIO LEVELS THAT WE'VE ANTICIPATED MAY NOT COME
9 IN AT THAT LEVEL, AND SO WE WON'T HAVE AS MANY CAPS
10 AND TAPS AND WE'LL SEE SOME SAVINGS THERE.

11 SO THE NEXT THING I WANT TO DO IS LOOK AT
12 THAT BUDGET REQUEST AGAINST WHERE WE THOUGHT WE
13 WOULD BE LAST YEAR WHEN WE PRESENTED IN NOVEMBER OF
14 2017 THE TRANSITION FORECAST. SO FOR THE '19/'20
15 FISCAL YEAR IN THE TRANSITION PLAN FORECAST, WE
16 ANTICIPATED WE WERE GOING TO SPEND ABOUT \$15.7
17 MILLION IN THE '19/'20 FISCAL YEAR. OUR REQUEST IS
18 FOR 15.6, SO 100,000 LESS.

19 I DO WANT TO POINT OUT THAT THAT \$15.7
20 MILLION INCLUDES SEVERAL FUNDING SOURCES. IN
21 NOVEMBER WE REALLY FOCUSED ON THE LITTLE BUCKET, BUT
22 OUR BUDGET IS REALLY COMPRISED OF A LARGE PORTION OF
23 THE LITTLE BUCKET, BUT WE DO ALSO HAVE BIG BUCKET
24 THAT SUPPORTS OUR LEGAL EXPENSES, AND THEN WE HAVE A
25 SMALL INTEREST BUCKET THAT SUPPORTS OUR FACILITIES

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1 COST.

2 SO JUST LOOKING OVERALL AT THE LITTLE
3 BUCKET. SO ON JULY 1ST OF 2018, WE STARTED WITH \$45
4 MILLION. SO WE ANTICIPATE THAT WE'RE GOING TO SPEND
5 \$14.9 MILLION FOR '18/'19 OF WHICH \$12.2 MILLION OF
6 THAT IS LITTLE BUCKET MONEY. THE '18/'19 BUDGET
7 REQUEST AT \$15.6 MILLION, THAT IS SUPPORTED BY \$12.6
8 MILLION OF LITTLE BUCKET MONEY. AFTER THOSE TWO
9 FISCAL YEARS, WE ANTICIPATE THAT WE WILL HAVE JUST
10 OVER \$20 MILLION. THAT \$20 MILLION, WE BELIEVE, IS
11 SUFFICIENT TO SUPPORT US FROM THE '20-'21 FISCAL
12 YEAR THROUGH THE '23/'24 FISCAL YEAR SO THAT WE'LL
13 BE ABLE TO ACTIVELY MANAGE OUR PORTFOLIO.

14 SO THIS REALLY CONCLUDES THE PRESENTATION.
15 I DO WANT TO POINT OUT THAT IN YOUR PACKAGE YOU
16 SHOULD HAVE RECEIVED AN APPENDIX WITH BUDGET DETAILS
17 FOR EACH OF OUR COST CENTERS. WE REQUEST YOUR
18 APPROVAL OF OUR BUDGET, AND I'M HAPPY TO ANSWER ANY
19 QUESTIONS YOU MAY HAVE.

20 CHAIRMAN THOMAS: THANK YOU, CHILA. DO WE
21 HEAR A MOTION TO APPROVE?

22 DR. JUELSGAARD: SO MOVED.

23 DR. PRIETO: SECOND.

24 CHAIRMAN THOMAS: MOVED BY MR. JUELSGAARD,
25 SECONDED BY DR. PRIETO. COMMENTS FROM MEMBERS OF

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1 THE BOARD? MR. JUELSGAARD.

2 DR. JUELSGAARD: SO THE FINANCE
3 SUBCOMMITTEE MET, I THINK, A COUPLE WEEKS AGO AND
4 REVIEWED THE BUDGET WITH CHILA AND ARE RECOMMENDING
5 IT FOR APPROVAL HERE TODAY.

6 I JUST WANT TO ADD A FEW COMMENTS OF MY
7 OWN REGARDING MY RELATIONSHIP WITH CHILA OVER THE
8 YEARS BEING ON THE FINANCE SUBCOMMITTEE. CHILA HAS
9 BEEN AN ABSOLUTE PLEASURE TO WORK WITH. I
10 REALLY WANT TO THANK HER FOR MAKING THE JOB OF
11 REVIEWING BUDGETS AS EASY AND STRAIGHTFORWARD AND
12 THOUGHTFUL AS THEY HAVE GOTTEN TO BE. SO I COULDN'T
13 BE MORE APPRECIATIVE OF ALL THE HARD WORK THAT SHE
14 AND HER STAFF HAVE DONE. AND TO ME THESE BUDGETS
15 HAVE BECOME REALLY STRAIGHTFORWARD EXERCISES. SO
16 THANK YOU, CHILA.

17 MS. SILVA-MARTIN: THANK YOU.

18 CHAIRMAN THOMAS: COMMENTS BY MEMBERS OF
19 THE BOARD? DO WE HAVE ANY COMMENTS FROM MEMBERS OF
20 THE PUBLIC? HEARING NONE, MARIA, PLEASE TAKE THE
21 ROLL.

22 MS. BONNEVILLE: VOICE VOTE FOR THOSE IN
23 THE ROOM.

24 CHAIRMAN THOMAS: DO A VOICE VOTE IN THE
25 ROOM. SO ALL THOSE IN FAVOR PLEASE SAY AYE.

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1 OPPOSED? ABSTENTIONS? THANK YOU, MARIA. PLEASE
2 CALL THE ROLL FOR THOSE ON THE PHONE.
3 MS. BONNEVILLE: LINDA BOXER.
4 DR. BOXER: YES.
5 MS. BONNEVILLE: DEBORAH DEAS.
6 DR. DEAS: YES.
7 MS. BONNEVILLE: DAVID HIGGINS.
8 DR. HIGGINS: YES.
9 MS. BONNEVILLE: SHERRY LANSING. DAVE
10 MARTIN.
11 DR. MARTIN: YES.
12 MS. BONNEVILLE: ADRIANA PADILLA.
13 DR. PADILLA: YES.
14 MS. BONNEVILLE: JOE PANETTA.
15 MR. PANETTA: YES.
16 MS. BONNEVILLE: AL ROWLETT.
17 MR. ROWLETT: AYE.
18 MS. BONNEVILLE: SHLOMO MELMED.
19 DR. MELMED: YES.
20 MS. BONNEVILLE: KRISTINA VUORI.
21 DR. VUORI: YES.
22 MS. BONNEVILLE: DIANE WINOKUR.
23 MS. WINOKUR: YES.
24 MS. BONNEVILLE: MOTION CARRIES.
25 CHAIRMAN THOMAS: THANK YOU. AND THANK

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1 YOU AGAIN, CHILA, FOR EVERYTHING.

2 I DO HAVE ONE MORE COMMENT, PAT, ON YOU.
3 YOU THOUGHT YOU WERE FINISHED. I GOT AN E-MAIL IN
4 THE MIDDLE OF THE MEETING HERE WHICH SAYS, "I'M
5 SORRY TO MISS THIS MEETING TODAY. PAT IS A VERY
6 FINE SCIENTIST WHO HAS BEEN A LEADER IN EVERY
7 ORGANIZATION SHE HAS EVER BEEN IN. HER
8 CONTRIBUTIONS ARE WIDERANGING AND HER JUDGMENT HAS
9 ALWAYS BEEN SOLID AND THOUGHTFUL. WE AT CIRM HAVE
10 BEEN FORTUNATE TO HAVE HER AS A COLLEAGUE." SIGNED,
11 ED PENHOET.

12 (APPLAUSE.)

13 CHAIRMAN THOMAS: NEXT, NO. 9,
14 CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE
15 TO CLINICAL TRIAL STAGE PROJECTS, CLIN1, 2, OR 3.
16 DR. PATEL.

17 DR. PATEL: I'M WEARING MY REVIEW HAT, BUT
18 I'M DRESSED LIKE MY BUSINESS DEVELOPMENT SIDE.

19 IT'S MY PLEASURE TO INTRODUCE TODAY'S
20 APPLICATION TO YOU. SO, AS YOU KNOW, OUR CLINICAL
21 PROGRAM IS COMPOSED OF THREE DIFFERENT FUNDING
22 OPPORTUNITIES. THE CLIN1 IS FOR IND ENABLING, CLIN2
23 IS FOR CLINICAL TRIAL STAGE, AND CLIN3 IS FOR
24 CONTINUING ACTIVITIES TO REGISTRATION. TODAY'S
25 APPLICATION WILL BE FOR THE CLIN2 FUNDING

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1 OPPORTUNITY.

2 WHEN THE GRANTS WORKING GROUPING REVIEWS
3 THESE APPLICATIONS, THEY USE A THREE-TIER SCORING
4 SYSTEM. SO A SCORE OF 1 WOULD INDICATE THAT THE
5 APPLICATION HAS EXCEPTIONAL MERIT AND WARRANTS
6 FUNDING AT THIS TIME. A SCORE OF 2 WOULD INDICATE
7 THAT IT NEEDS IMPROVEMENT AND DOES NOT WARRANT
8 FUNDING, BUT CAN BE RESUBMITTED IN A RELATIVELY
9 QUICK MANNER TO ADDRESS THOSE AREAS OF IMPROVEMENT.
10 AND, LASTLY, IF THE APPLICATION IS SUFFICIENTLY
11 FLAWED AND IT DOES NOT WARRANT FUNDING, IT'S GIVEN A
12 SCORE OF 3 WHICH CARRIES THE ADDITIONAL STIPULATION
13 THAT IT CAN'T BE RESUBMITTED FOR SIX MONTHS.

14 THE BUDGET, AS YOU KNOW, THIS YEAR STARTED
15 OFF WITH \$93 MILLION IN THE GENERAL CLIN BUCKET. OF
16 THAT YOU HAVE APPROVED \$36.9 MILLION TO DATE. THE
17 APPLICATION UP FOR REVIEW TODAY IS REQUESTING \$11.1
18 MILLION. IF THAT IS APPROVED BY THE BOARD, WE'LL BE
19 LEFT WITH \$45 MILLION FOR THE REMAINDER OF THE YEAR.
20 SO HALFWAY THROUGH THE BUDGET, THAT'S PRETTY GOOD.

21 THIS DOES NOT INCLUDE THE SICKLE CELL SIDE
22 BECAUSE WE DON'T HAVE AN APPLICATION UP FOR REVIEW
23 ON THAT ONE.

24 SO WHEN WE WERE GIVEN AN ALLOCATION OF \$93
25 MILLION, THE CIRM TEAM INTERNALLY SETS TARGETS FOR

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1 CLIN2 AND CLIN1 AWARDS. FOR 2019 WE SET AN INTERNAL
2 TARGET OF EIGHT CLIN2 AWARDS, TWO CLIN1 AWARDS.
3 THIS IS GOING TO BE INFORMATIVE AND NOT INSTRUCTIVE.
4 SO FOR THE CLIN2 TO DATE YOU HAVE FUNDED FOUR
5 CLINICAL TRIALS. TODAY, IF YOU FUND TODAY'S, IT
6 WILL PUT US AT FIVE, AND YOU'VE ALREADY FUNDED TWO
7 CLIN1 STAGE AWARDS TO DATE.

8 TODAY'S APPLICATION IS CLIN2-11437. THIS
9 A CLINICAL TRIAL STAGE APPLICATION. AND THE THERAPY
10 IS ALLOGENEIC PANCREATIC ISLETS AND PARATHYROID
11 GLAND, PTG, COMBINATION GRAFT. I'LL GET INTO WHAT
12 THAT MEANS IN A LITTLE BIT.

13 THE INDICATION IS FOR TYPE 1 DIABETES.
14 THIS PARTICULAR TRIAL IS TREATING TYPE 1 DIABETIC
15 PATIENTS WHO HAVE HAD LIVER OR KIDNEY TRANSPLANTS.
16 THE GOAL OF THIS PROJECT IS TO COMPLETE A PHASE 1/2A
17 TRIAL, AND THEY'RE REQUESTING \$11 MILLION, ROUGHLY
18 \$11 MILLION, FOR THIS PROJECT. THE MAX ALLOWED FOR
19 THIS CATEGORY IS 12 MILLION.

20 I WANT TO PROVIDE SOME HELPFUL BACKGROUND
21 AS YOU ASSESS THIS PARTICULAR APPLICATION. MANY OF
22 YOU KNOW OF TYPE 1 DIABETES. IT'S A CHRONIC
23 DISEASE. IT AFFECTS ABOUT 1.25 MILLION AMERICANS
24 AND 40,000 ARE NEWLY DIAGNOSED EACH YEAR. THE
25 DISEASE IS CHARACTERIZED BY AUTOIMMUNE DESTRUCTION

1 OF PANCREATIC BETA ISLET CELLS, AND IT RESULTS IN
2 LACK OF INSULIN HORMONE PRODUCTION AND LACK OF BLOOD
3 SUGAR CONTROL IN THESE PATIENTS. JUST AS
4 IMPORTANTLY, IT RESULTS IN COMPLICATIONS IN VARIOUS
5 ORGAN SYSTEMS INCLUDING RETINOPATHY, NEUROPATHY,
6 NEPHROPATHY, AND CARDIOVASCULAR DISEASE. MANY OF
7 THESE CAN BE LIFE THREATENING.

8 SO IN TERMS OF THE VALUE PROPOSITION, THE
9 CURRENT PROPOSED THERAPY, THERE IS, AS YOU KNOW, NO
10 CURE FOR TYPE 1 DIABETES. IT'S MANAGED CHRONICALLY
11 WITH BLOOD SUGAR MONITORING AND INSULIN THERAPY.
12 PANCREATIC ORGAN TRANSPLANTATION IS AN OPTION, BUT
13 IT'S LIMITED BY THE COMPLICATIONS OF SURGERY AND THE
14 AVAILABILITY OF THE ORGANS. AN ALTERNATIVE TO THAT
15 IS ALLOGENEIC ISLET TRANSPLANTATION INTO THE LIVER
16 PORTAL VEIN. THIS CAN ACHIEVE INSULIN INDEPENDENCE,
17 BUT IT IS MARKED BY HIGH GRAFT FAILURE RATE AND IS
18 CURRENTLY AN EXPERIMENTAL THERAPY IN THE U.S. THE
19 NIH HAS SUPPORTED A PHASE 3 TRIAL MEANT TO ACHIEVE
20 LICENSURE, BUT THAT HAS NOT HAPPENED AS OF YET.

21 THE PROPOSED THERAPY AIMS TO ADDRESS ONE
22 OF THE LIMITATIONS OF ISLET TRANSPLANTATION WHICH IS
23 THIS CONCEPT OF GRAFT FAILURE. AND IT DOES SO
24 THROUGH TWO INNOVATIVE STEPS. FIRSTLY, IT IS
25 PROPOSING TO IMPLANT THE ISLETS INTRAMUSCULARLY. I

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1 WANT TO MAKE A COMMENT ON THAT.

2 FIRST OF ALL, INTRAMUSCULAR IMPLANTATION
3 ITSELF IS AN EXPERIMENTAL THERAPY. IT HAS
4 EXTENSIVELY BEEN STUDIED IN ANIMAL MODELS, AND THERE
5 HAVE BEEN A HANDFUL OF CLINICAL CASES WHERE IT HAS
6 BEEN SHOWN TO BE SAFE, BUT THERE ARE SOME ISSUES OF
7 EFFICACY AND SURVIVAL OF THOSE GRAFTS. SO THE GROUP
8 THAT'S PROPOSING THIS APPLICATION IS LOOKING TO
9 IMPROVE ON THAT BY CO-TRANSPLANTING PARATHYROID
10 GLAND TISSUE. PTG TISSUE IS COMMONLY IMPLANTED IN
11 INTRAMUSCULAR SITES AND HAS BEEN SHOWN TO HAVE HIGH
12 ENGRAFTMENT RATES. SO THE IDEA HERE IS TO COMBINE
13 THAT WITH THE ISLET TRANSPLANTATION TO IMPROVE
14 ENGRAFTMENT AND SURVIVAL OF THE ISLET CELLS
15 INTRAMUSCULAR SITE, WHICH SHOULD POTENTIALLY BE
16 SAFER AS WELL AS EASIER TO DO THAN LIVER PORTAL VEIN
17 TRANSPLANTATION.

18 THIS IS COMING TO US FOR CIRM REVIEW
19 BECAUSE IT DOES INCLUDE CD 34 PROGENITOR CELLS AND
20 IT ALSO INDUCES ANGIOGENESIS IN VIVO.

21 WE DO FUND TWO OTHER CLIN2 AWARDS THAT ARE
22 GEARED TOWARD TYPE 1 DIABETES. THE NOTES I'M GOING
23 TO MAKE HERE ARE THAT THE SECOND ONE YOU SEE THERE
24 IN THE COLUMN AND THE ROW IS A CLIN2 PHASE 2 TRIAL
25 THAT IS USING A THERAPY CALLED EXPANDED AUTOLOGOUS

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1 REGULATORY T-CELLS, WHICH IS MEANT TO DAMPEN THE
2 AUTOIMMUNE RESPONSE ATTACK ON A PATIENT'S BETA
3 CELLS. SO THIS PARTICULAR TRIAL IS ON A POPULATION
4 OF PATIENTS WHO ARE NEWLY DIAGNOSED WITH TYPE 1
5 DIABETES.

6 THE LAST TRIAL THERE IS A COMBINATION
7 THERAPY OF CELLS AND A DEVICE. THE CELLS ARE
8 ALLOGENEIC ESC-DERIVED PANCREATIC PROGENITORS IN AN
9 ENCAPSULATION DEVICE. THIS PARTICULAR TRIAL IS
10 TARGETING A POPULATION THAT IS AT HIGH RISK FOR
11 DIABETES.

12 AND THE CURRENT APPLICATION, AGAIN, AS I
13 MENTIONED EARLIER, OF THE MOA HERE IS THAT THE
14 CO-TRANSPLANTATION OF THE PARATHYROID GLAND TISSUE
15 AND THE ISLETS WILL INCREASE SURVIVAL AND THEN THOSE
16 CELLS WILL RELEASE INSULIN. IN THIS PARTICULAR
17 TRIAL, THE INITIAL POPULATION IS DIABETIC PATIENTS
18 WHO HAVE HAD LIVER OR KIDNEY TRANSPLANT.

19 THIS PARTICULAR APPLICATION HAS NOT
20 RECEIVED PRIOR FUNDING FROM CIRM FOR DEVELOPMENT OF
21 THIS PROPOSED THERAPY.

22 AND WHEN THE GRANTS WORKING GROUP REVIEWED
23 THIS APPLICATION, THEY SCORED IT A 1. THERE WERE 13
24 VOTES IN TIER I, TWO VOTES IN TIER II, AND
25 ZERO VOTES IN TIER III. THE CIRM TEAM CONCURS WITH

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1 THE FUNDING RECOMMENDATION FROM THE GRANTS WORKING
2 GROUP FOR THE AWARD AMOUNT OF \$11,083,012.

3 I'M HAPPY TO ANSWER ANY QUESTIONS YOU MAY
4 HAVE ABOUT THE APPLICATION.

5 DR. SANDMEYER: SO THIS IS JUST KIND OF A
6 TECHNICAL QUESTION, BUT CAN YOU COMMENT ON WHY THE
7 PTG CO-IMPLANTATION IS SUPPOSED TO INCREASE THE
8 EFFICACY OF ENGRAFTMENT?

9 DR. PATEL: SURE. YEAH. AS I MENTIONED,
10 THE PTG GRAFT IS IMPLANTED INTRAMUSCULARLY IN
11 PATIENTS THAT HAVE HYPOTHYROIDISM. IN THOSE
12 PARTICULAR INSTANCES, THEY'VE NOTED THAT THE GRAFT
13 ENGRAFTS QUITE WELL. AND WHEN THEY DID THEIR
14 STUDIES PRECLINICALLY, THEY'VE NOTICED THAT THERE'S
15 A POPULATION OF CD 34 PROGENITOR CELLS THAT
16 INCREASES ANGIOGENESIS, AND IT'S MEANT TO INCREASE
17 THE BLOOD FLOW IN THAT GRAFT, WHICH IS THE SAME
18 ISSUE HERE, WHICH IS TO IMPROVE BLOOD FLOW TO THE
19 ISLET TRANSPLANT CELLS.

20 CHAIRMAN THOMAS: LIKE TO TURN THIS OVER
21 NOW FOR CONSIDERATION OF A MOTION TO MR. SHEEHY.

22 MR. SHEEHY: SO ARE WE GOING TO CONVENE
23 THE APPLICATION REVIEW SUBCOMMITTEE NOW?

24 CHAIRMAN THOMAS: WE ARE CONVENED, AREN'T
25 WE, MR. TOCHER?

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1 MR. TOCHER: YES, WE ARE. AND MR. SHEEHY
2 IS GOING TO CHAIR THIS ASPECT.

3 MR. SHEEHY: JUST TRYING TO FIGURE OUT
4 WHERE WE ARE BECAUSE WE'RE TAKING QUESTIONS, BUT WE
5 DON'T HAVE A MOTION YET. SHOULD WE PERHAPS HAVE A
6 MOTION --

7 DR. PRIETO: I'LL MOVE TO APPROVE.

8 MR. SHEEHY: -- TO ACCEPT THE CIRM TEAM
9 RECOMMENDATION AND APPROVE THE FUNDING? DO WE HAVE
10 A SECOND?

11 MS. WINOKUR: I SECOND IT.

12 MR. SHEEHY: THANK YOU, MS. WINOKUR. SO
13 WE HAD ONE QUESTION FROM DR. SANDMEYER. YOUR
14 QUESTION WAS ANSWERED?

15 DR. SANDMEYER: YES.

16 MR. SHEEHY: I THOUGHT I SAW OTHER
17 QUESTIONS.

18 DR. MARTIN: I NOTICED A COUPLE OF THINGS
19 FROM THE COMMENTS FROM THE REVIEW COMMITTEE. ONE
20 WAS THAT THERE ARE TWO VARIABLES HERE; THAT IS,
21 MUSCLE INOCULATION OR TRANSPLANTATION, AND SECOND
22 WAS THE PARATHYROID TISSUE. THAT WAS ONE CONCERN.

23 AND RELATED TO THAT IS THE COMMENT THAT
24 THERE HAS BEEN A LOT OF PROGRESS IN IPSC-INDUCED
25 ISLETS AND TRANSPLANTATION IN THAT ARENA RATHER THAN

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1 TRYING TO DO ALLOGENEIC ACTIVITIES, AND THAT
2 COMMERCIALLY THIS APPROACH PROBABLY WOULD NOT SCALE
3 THE WAY THE OTHERS WOULD.

4 AND SO THIS COULD BE LOOKED UPON AS AN
5 INTERIM STUDY TO TRY TO DETERMINE, I THINK, TWO
6 THINGS. IS THE MUSCLE A GOOD SITE FOR
7 TRANSPLANTATION FOR IPSC-BASED BETA CELLS, OR IS IT
8 THE PARATHORMONE INVOLVEMENT, PARATHYROID GLAND
9 INVOLVEMENT, THAT'S NECESSARY? I'M NOT SURE THE WAY
10 THIS IS SET UP AS A STUDY, WHICH WAS MENTIONED BY
11 THE REVIEW COMMITTEE, THAT THAT CAN BE RESOLVED SO
12 THAT IT WOULD IMPACT THE FUTURE OF WHAT PROBABLY
13 WOULD BE A MORE COMMERCIALY VIABLE AND THEREFORE
14 MORE BENEFICIAL TO, FOR INSTANCE, CALIFORNIA
15 CITIZENS WITH TYPE 1 DIABETES.

16 I JUST QUESTION THAT SCIENCE, AND I'M
17 SURE -- AND ITS RELATIONSHIP TO COMMERCIAL
18 APPLICATIONS AND IMPACT AS AN INTERIM STUDY HAVING
19 TWO VARIABLES AND YOU DON'T -- IF IT'S SUCCESSFUL,
20 YOU DON'T KNOW. IF IT FAILS, THEN NEITHER ONE OF
21 THEM IS ADEQUATE. BUT IF IT'S SUCCESSFUL, WHAT'S
22 THE NEXT STEP? THEN YOU HAVE TO GO BACK AND MAYBE
23 DO IT ONE AT A TIME WITH A CONTROL. OR SHOULD THE
24 STUDY BE REDESIGNED SO YOU DO COMBINATION AND EACH
25 COMPONENT INDIVIDUALLY IN ORDER TO BE ABLE TO

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1 RESOLVE THAT ISSUE? SO IT'S REALLY A SCIENTIFIC
2 ISSUE THAT HAS TO DO WITH COMMERCIALIZATION AND THE
3 NEXT STEP.

4 THAT DISCUSSION MIGHT WELL HAVE GONE ON,
5 BUT I COULDN'T DETERMINE -- I JUST KNOW THE
6 QUESTIONS WERE RAISED IN THE COMMENTS, BUT I DIDN'T
7 KNOW WHAT THE DISCUSSION WAS OR WHAT THE OUTCOME
8 WAS.

9 MR. SHEEHY: DR. PRIETO, YOU WANTED TO
10 RESPOND.

11 DR. PRIETO: I PARTICIPATED IN THIS
12 DISCUSSION AND REVIEWED THIS GRANT A COUPLE OF TIMES
13 BECAUSE THIS ACTUALLY WAS INITIALLY SCORED A 2, AND
14 PART OF THE REASON WAS BECAUSE WE WANTED MORE
15 INFORMATION FROM THE APPLICANT.

16 I THINK THAT THE PRIMARY -- I DON'T KNOW
17 IF GOAL IS THE RIGHT WORD -- THAT WHAT THEY EXPECT
18 TO LEARN FROM THIS IS PRIMARILY WHETHER THEY CAN
19 IMPROVE ENGRAFTMENT BECAUSE THAT'S BEEN A MAJOR
20 BARRIER TO PANCREATIC AND OTHER SUCCESSFUL CELL
21 TRANSPLANTS RATHER THAN THE CELL SOURCE.

22 AND THE GRANTS WORKING GROUP CERTAINLY
23 FELT THAT, AS REFLECTED IN THE SCORES, THAT THEY
24 RESPONDED APPROPRIATELY AND ANSWERED THAT QUESTION.

25 MR. SHEEHY: DOES THAT GIVE YOU A SENSE OF

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1 IT, DR. MARTIN? I DO THINK THE APPLICANT IS HERE
2 TOO. I DON'T KNOW IF THAT MIGHT BE HELPFUL TO HEAR
3 FROM THE APPLICANT. WOULD THAT BE USEFUL FOR YOU,
4 DR. MARTIN? I'M PRETTY SURE THEY'RE GOING TO STAND
5 UP IN PUBLIC COMMENT ANYWAY. IT MIGHT BE BETTER TO
6 GO AHEAD AND CUT TO THE CHASE. DR. STOCK FROM
7 UNIVERSITY OF CALIFORNIA SAN FRANCISCO.

8 DR. STOCK: I'M PETER STOCK. I'M A
9 TRANSPLANT SURGEON AT THE UNIVERSITY OF CALIFORNIA
10 SAN FRANCISCO.

11 SO TO ADDRESS YOUR QUESTION, WE HAVE BEEN
12 AT THE GAME OF ISLET TRANSPLANTATION FOR WELL OVER
13 30 YEARS. WHEN I STARTED TO DO THIS, ISLET
14 TRANSPLANTATION WAS RIGHT AROUND THE CORNER, AND
15 IT'S NEVER GOT THERE. AND IT HASN'T -- WE'VE
16 ROUNDED THE CORNER, BUT THE PROBLEM IS ENGRAPHMENT
17 OF THE ISLETS IN THE LIVER JUST ISN'T FEASIBLE.
18 ABOUT 10 PERCENT OF THE ISLETS ARE SURVIVING. WE
19 NEED A NEW SITE, WE NEED A NEW SITE IF WE WANT TO
20 EXTEND THIS THERAPY TO STEM CELL-DERIVED BETA CELLS.
21 STEM CELL-DERIVED BETA CELLS, AS YOU KNOW, ARE HERE.
22 IT'S JUST WE CAN'T PUT THEM INTO THE LIVER. BECAUSE
23 IF THEY HAVE ANY PROBLEMS, THERE'S NO WAY TO GET
24 THEM OUT.

25 SO WE'VE BEEN LOOKING FOR A BETTER SITE

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1 FOR A LONG TIME. IT WAS THE OBSERVATION THAT
2 PARATHYROID TISSUE IN THE SUBCUTANEOUS OR
3 INTRAMUSCULAR SPACE IN PARTICULAR SURVIVES. AND IF
4 YOU DO ISLET TRANSPLANTS IN THE SUBCUTANEOUS
5 POSITION IN ANIMAL MODELS OR IN HUMANS, IT DOESN'T
6 WORK. THEY JUST DON'T SURVIVE. IT'S BEEN TRIED IN
7 HUMANS WITH SOME SURVIVAL, SOME DETECTABLE C-PEPTIDE
8 AT ONE YEAR WHEN YOU PUT ISLETS IN THE MUSCLE. BUT
9 BY AND LARGE, THEY DON'T SURVIVE.

10 WHEN YOU CO-TRANSPLANT THEM WITH THE
11 PARATHYROID TISSUE, IT IS QUITE REMARKABLE. ABOUT A
12 HUNDRED PERCENT OF THE TISSUE SURVIVES. AND THAT'S
13 BOTH WITH STEM CELL-DERIVED BETA CELLS AS WELL AS
14 ADULT ISLETS. THIS PROPOSAL WAS DONE WITH ADULT
15 ISLETS BECAUSE OF THE OBVIOUS STRUGGLES WE WOULD
16 HAVE WITH AN IND AND GETTING FDA APPROVAL TO PUT
17 NAKED TISSUE INTO THE -- UNPROTECTED TISSUE INTO THE
18 MUSCLE.

19 SO THE SURVIVAL OF THE TISSUE WHEN
20 CO-TRANSPLANTED WITH THE PARATHYROID TISSUE IS QUITE
21 REMARKABLE. AND OUR FIRST REVIEW, AS WAS JUST
22 COMMENTED, THEY WANTED -- THE REVIEWERS
23 APPROPRIATELY WANTED MORE INFORMATION ABOUT WHAT IT
24 WAS IN THE PARATHYROID TISSUE THAT WAS DOING THE
25 TRICK. AND THERE ARE A NUMBER OF COMPONENTS, WHICH

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1 I WON'T GO INTO NOW, BUT NOT ONLY IMPROVE SURVIVAL,
2 THE INITIAL SURVIVAL OF THE CELLS IN THE
3 INTRAMUSCULAR POSITION WHILE THEY HAVE THE
4 OPPORTUNITY TO ENGRAFT. SO THERE'S BOTH SURVIVAL
5 FACTORS AND ANGIOGENESIS FACTORS WHICH WE'RE IN THE
6 PROCESS OF DEFINING. MOST OF THEM ARE DERIVED FROM
7 THE CD 34/CD 45 NEGATIVE PRECURSOR CELLS. THEY'RE
8 NECESSARY, BUT PERHAPS NOT SUFFICIENT. SO RIGHT NOW
9 WE'RE CO-TRANSPLANTING THEM WITH THE ISLETS TO SEE
10 IF WE CAN GET THE SITE TO WORK. WE BELIEVE, BASED
11 ON OUR ANIMAL DATA, THAT IT'S A SEA CHANGE IN TERMS
12 OF SURVIVAL.

13 DR. MARTIN: THANK YOU.

14 MR. SHEEHY: DOES THAT ANSWER YOUR
15 QUESTION, DR. MARTIN? DO WE HAVE OTHER QUESTIONS
16 FROM BOARD MEMBERS ABOUT THIS APPLICATION OR
17 DIRECTED TOWARD THE APPLICANT, EITHER GENERAL
18 COMMENTS OR QUESTIONS FOR THE APPLICANT
19 SPECIFICALLY? OKAY.

20 WE CAN AT THIS TIME TAKE PUBLIC COMMENT.
21 I DON'T KNOW IF YOU WANT TO GO BEYOND WHAT YOU'VE
22 ALREADY SAID.

23 DR. STOCK: I THINK FOR RIGHT NOW I THINK
24 I'M OKAY. A LOT OF THE COMMENTARY WAS ABOUT THE
25 COMMERCIAL APPLICABILITY OF THIS. AND THERE'S NOT

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1 ENOUGH PANCREASES TO -- IF EVERY PANCREAS THAT WE
2 PROCURED WAS SUITABLE FOR SOLID ORGAN
3 TRANSPLANTATION, WE ONLY DO 20 A YEAR AT UCSF. IF
4 EVERY PANCREAS COULD BE USED FOR ISLETS OR SOLID
5 ORGAN TRANSPLANTS, WE WOULD BENEFIT LESS THAN 1
6 PERCENT OF THE TYPE 1 DIABETICS, LET ALONE ALL THE
7 TYPE 2 PEOPLE WITH DIABETES.

8 SO I THINK THE COMMERCIAL APPLICABILITY OF
9 THIS TO US, IT'S GOING TO OPEN THE FIELD OF STEM
10 CELL TRANSPLANTS AND I THINK IN A VERY REAL WAY. SO
11 I DON'T HAVE ANYTHING ELSE TO ADD TO THAT.

12 DR. MARTIN: JUST QUICKLY. THE
13 PARATHYROID TISSUE AND THE BETA CELL TISSUE ARE FROM
14 THE SAME DONOR?

15 DR. STOCK: YES, THEY WOULD BE IN THIS
16 TRIAL.

17 MR. SHEEHY: THANK YOU, DR. STOCK. ANY
18 ADDITIONAL PUBLIC COMMENT? SEEING NO PUBLIC COMMENT
19 AND BOARD COMMENTS HAVE CLOSED, COULD WE CALL THE
20 ROLL ON THE MOTION? AND THE MOTION MADE BY DR.
21 PRIETO AND SECONDED BY MS. WINOKUR IS TO ACCEPT THE
22 TEAM RECOMMENDATION AND FUND THE APPLICATION.

23 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
24 DAVID HIGGINS.

25 DR. HIGGINS: YES.

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1 MS. BONNEVILLE: STEVE JUELSGAARD.
2 MR. JUELSGAARD: YES.
3 MS. BONNEVILLE: DAVE MARTIN.
4 DR. MARTIN: YES.
5 MS. BONNEVILLE: LAUREN MILLER.
6 MS. MILLER: YES.
7 MS. BONNEVILLE: ADRIANA PADILLA.
8 DR. PADILLA: YES.
9 MS. BONNEVILLE: JOE PANETTA.
10 MR. PANETTA: YES.
11 MS. BONNEVILLE: FRANCISCO PRIETO.
12 DR. PRIETO: AYE.
13 MS. BONNEVILLE: ROBERT QUINT. AL
14 ROWLETT.
15 MR. ROWLETT: YES.
16 MS. BONNEVILLE: JEFF SHEEHY.
17 MR. SHEEHY: YES.
18 MS. BONNEVILLE: OS STEWARD.
19 DR. STEWARD: YES.
20 MS. BONNEVILLE: JONATHAN THOMAS.
21 CHAIRMAN THOMAS: YES.
22 MS. BONNEVILLE: ART TORRES.
23 MR. TORRES: AYE.
24 MS. BONNEVILLE: DIANA WINOKUR.
25 MS. WINOKUR: YES.

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1 MS. BONNEVILLE: MOTION CARRIES.

2 MR. SHEEHY: CHAIRMAN THOMAS, THAT
3 CONCLUDES THE BUSINESS OF THE APPLICATION REVIEW
4 SUBCOMMITTEE.

5 CHAIRMAN THOMAS: THANK YOU, MR. SHEEHY.
6 I APOLOGIZE FOR NOT TURNING IT OVER PROMPTLY ENOUGH.
7 SO THANK YOU VERY MUCH FOR YOUR LEADERSHIP AS
8 ALWAYS.

9 WE'RE GOING TO SKIP AN ITEM ON THE AGENDA,
10 AND THEN WE'RE GOING TO BREAK FOR LUNCH FOLLOWING
11 THAT. I WOULD LIKE TO GO TO ITEM 14, THE CLINICAL
12 PROGRAM UPDATE. AND DR. CARAS IS GOING TO INTRODUCE
13 MARK CHAO, 47 INC. DR. CARAS.

14 DR. CARAS: MEMBERS OF THE BOARD AND
15 PUBLIC, IT'S MY GREAT PLEASURE TO INTRODUCE DR. MARK
16 CHAO, WHO IS A CO-FOUNDER AND THE VICE PRESIDENT OF
17 CLINICAL DEVELOPMENT AT 47 INC., WHICH IS A BAY AREA
18 BIOTECH COMPANY THAT YOU'VE, I THINK, HEARD
19 MENTIONED SEVERAL TIMES AND THAT HAS HAD AND STILL
20 HAS A HIGHLY PRODUCTIVE AND COLLABORATIVE
21 PARTNERSHIP WITH CIRM.

22 DR. CHAO IS A PHYSICIAN SCIENTIST WHO IS
23 PART OF THE STANFORD TEAM THAT'S IDENTIFIED CD 47 AS
24 A TARGET ON CANCER STEM CELLS FIRST IN AML AND LATER
25 IN MANY OTHER CANCERS. HE WAS ALSO A KEY MEMBER OF

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1 THE ORIGINAL STANFORD DISEASE TEAM THAT WAS LED BY
2 DR. IRV WEISSMAN THAT RECEIVED ITS FIRST CIRM AWARD
3 IN 2009 TO DEVELOP AN ANTIBODY TO CD 47. AND THAT
4 WORK EVENTUALLY LED TO THE FOUNDING OF A COMPANY
5 CALLED CD 47.

6 I WANT TO THANK DR. CHAO FOR COMING HERE
7 TODAY TO TELL YOU ABOUT THAT JOURNEY AND TO GIVE YOU
8 HIS PERSPECTIVE.

9 DR. CHAO: THANK YOU, DR. CARAS, FOR THAT
10 WARM INTRODUCTION. AND IT'S REALLY A PLEASURE TO BE
11 HERE WITH THE CIRM COMMITTEE TODAY. I, AGAIN, WANT
12 TO THANK THE FOLKS FROM CIRM FOR ALLOWING US THE
13 OPPORTUNITY TO DESCRIBE A LITTLE BIT ABOUT OUR
14 STORY.

15 AS DR. CARAS MENTIONED, THIS IS REALLY, I
16 THINK, A STORY, AND BEING HERE AT CIRM IS REALLY
17 NEAR AND DEAR TO LOT OF OUR HEARTS IN TERMS OF HOW
18 IMPORTANT CIRM HAS BEEN IN TERMS OF DRIVING SOME
19 REALLY INNOVATIVE THERAPIES. I WANT TO JUST TAKE
20 MAYBE THE NEXT TEN OR FIFTEEN MINUTES. I'M
21 COGNIZANT. I DON'T WANT TO DELAY MUCH NEEDED LUNCH,
22 SO I'LL TRY TO KEEP THINGS FAIRLY BRIEF, BUT REALLY
23 TO OUTLINE A COUPLE OF THINGS.

24 BEFORE I DO THAT, I JUST WANT TO MENTION
25 47 IS A PUBLIC COMPANY, SO I'LL BE MAKING

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1 FORWARD-LOOKING STATEMENTS, AND THOSE NEED TO BE
2 BALANCED WITH THE RISK ELEMENTS IN OUR DOCUMENTS
3 WITH THE SEC.

4 BUT TO REALLY FOCUS ON KIND OF THREE
5 POINTS HERE THAT, AT LEAST, I WANT TO SPEAK. NO. 1
6 IS JUST TO PROVIDE AN INTRODUCTION TO THE HISTORY OF
7 47 AND INTRODUCE WHAT CD 47 IS AS IT RELATES TO A
8 CANCER STEM CELL TARGET, BUT THEN USE THAT REALLY IN
9 THE SECOND POINT TO HIGHLIGHT OUR JOURNEY ABOUT
10 DEVELOPING A FIRST-IN-CLASS THERAPEUTIC ANTIBODY
11 FROM REALLY BENCH DISCOVERY INTO CLINICAL
12 DEVELOPMENT AND OVERLAY THEMES OF HOW IMPORTANT IT
13 IS TO HAVE SEAMLESS RELATIONSHIPS BETWEEN ACADEMIA,
14 NONPROFIT ORGANIZATIONS SUCH AS CIRM, AS WELL AS
15 INDUSTRY COLLABORATIONS.

16 FOR ME I ACTUALLY STARTED IN THE ACADEMIC
17 REALMS AND HAVE TRANSITIONED TO INDUSTRY, SO I THINK
18 THIS STORY REALLY EMBODIES A LOT OF THAT. HOPEFULLY
19 YOU'LL SEE AS THE THIRD BULLET HOW IMPORTANT CIRM
20 HAS BEEN TO STORIES SUCH AS OURS AND MANY OTHERS IN
21 TERMS OF ADVANCING NOVEL STEM CELL THERAPIES. AND I
22 THINK I WOULD CAVEAT NOT JUST IN THE ACADEMIC
23 SETTING, BUT IMPORTANTLY HOW THAT NEEDS TO CONTINUE
24 IN THE INDUSTRY SETTING AND AGAIN PROVIDE SOME
25 EXAMPLES.

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1 SO I'M GOING TO START OUT WITH MAYBE AN
2 INTRODUCTION OF FRAMING WHERE DID THIS ALL GET
3 STARTED WITH OUR JOURNEY. I'M A HEMATOLOGIST BY
4 TRAINING. AND SO A LOT OF EXPERIENCE ACTUALLY IN
5 ACUTE LEUKEMIA, WHICH IS A VERY AGGRESSIVE TYPE OF
6 BLOOD DISORDER. AS WE KNOW, FOR A LONG TIME
7 CYTOTOXIC CHEMOTHERAPIES HAVE REALLY BEEN THE
8 STANDARD OF CARE HERE, A LOT OF TOXICITY, EFFICACY
9 THAT MAY BENEFIT PATIENTS AND MAYBE OVER HALF OF THE
10 PATIENTS OVER THE LONG RUN.

11 SEEING THIS FIRSTHAND FOR A LOT OF US,
12 EVEN INITIALLY AT STANFORD, WE REALLY WANTED TO
13 DEVELOP AN APPROACH WHERE SIMPLY WE COULD ASK THE
14 QUESTION: HOW DO YOU DEVELOP SAFER THERAPIES THAT
15 KILL OFF LEUKEMIA CELLS THAT SPARE NORMAL CELLS? WE
16 TOOK THIS APPROACH PROBABLY IN THE EARLY 2000S. AND
17 I ASKED THIS QUESTION THROUGH THE LENS OF STEM CELL
18 BIOLOGY. SO I WANT TO JUST HIGHLIGHT A COUPLE OF
19 POINTS HERE.

20 WE KNOW IN THE BLOOD SYSTEM, AS YOU GUYS
21 ALL KNOW WELL, THERE'S A BLOOD-FORMING STEM CELL
22 CALLED A HEMATOPOIETIC STEM CELL. THIS SERVES KIND
23 OF AS THE SEED OF POTENTIALLY A TREE, AS YOU WILL,
24 THAT CAN IMPLANT ADDITIONAL CELLS, CAN RECAPITULATE
25 OR POPULATE THE ENTIRE BLOOD-FORMING SYSTEM. YOU

1 CAN SEE HERE, AGAIN, THIS SINGLE CELL CAN GIVE RISE
2 TO ALL THE NORMAL BLOOD COMPONENTS OF YOUR BODY, RED
3 CELLS, PLATELETS, NEUTROPHILS, ETC. NOW, WE KNOW
4 AND THERE'S DATA, AGAIN, THAT'S SUPPORTED HERE, THAT
5 CANCERS CAN CO-OPT THIS BY CREATING MUTATIONS IN THE
6 BLOOD-FORMING STEM CELL TO CREATE LEUKEMIA STEM
7 CELLS OR CANCER STEM CELLS. THESE STEM CELLS ARE
8 IMPORTANT AND THOUGHT TO BE THE INITIATION OF
9 LEUKEMIC DISEASE.

10 OUR APPROACH WAS REALLY TO FIND WHAT ARE
11 PROPERTIES THAT ARE EXPRESSED ON LEUKEMIA STEM CELLS
12 THAT ARE ABSENT OR LOWER EXPRESSED ON BLOOD-FORMING
13 NORMAL STEM CELLS? THAT'S HOW WE TOOK THIS LENS TO
14 IDENTIFY CD 47 AS, AGAIN, A CANCER STEM CELL TARGET.

15 THIS IS JUST SOME DATA SHOWING EARLY
16 EXPERIENCE IN THE STANFORD LAB WITH DR. WEISSMAN.
17 AGAIN, ON THE LEFT-HAND SIDE, THAT CD 47 WAS HIGHLY
18 EXPRESSED ON THE LEUKEMIA STEM CELLS COMPARED TO THE
19 RED CELLS WHICH WERE NORMAL COUNTERPARTS. THIS
20 ACTUALLY CLINICALLY MATTERS. SO WHEN YOU LOOK AT
21 PATIENTS, LARGE GROUPS OF PATIENTS WHO HAVE ACUTE
22 LEUKEMIA, IF THEY HAVE HIGHER CD 47 IN BLUE ON THE
23 RIGHT, THEY ACTUALLY DO A LOT WORSE. THEIR SURVIVAL
24 OVERALL ON AVERAGE IS A LOT WORSE THAN THOSE THAT
25 HAVE LOWER CD 47 EXPRESSION. SO THESE BECAME SOME

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1 OF THE INSIGHTS CLINICALLY FOR A RELEVANT MECHANISM
2 ABOUT TARGETING THIS PROTEIN.

3 WHEN YOU ASK WHAT IS CD 47, AND I'LL JUST
4 BACKTRACK AND SAY THAT AT 47 AND AT STANFORD WE'RE
5 DEVELOPING IMMUNOTHERAPIES USING THE BODY'S OWN
6 IMMUNE SYSTEM TO ELIMINATE CANCER. LOT OF SUCCESS,
7 I THINK MANY FOLKS KNOW, IN THIS AREA IN THE LAST
8 DECADE IN TERMS OF APPROVALS.

9 ONE OF THE THINGS WE KNOW WITH USING YOUR
10 OWN BODY'S IMMUNE SYSTEM, THERE'S ONE CELL TYPE
11 CALLED THE MACROPHAGE. THIS IS A CELL TYPE THAT YOU
12 CAN THINK OF AS FIRST RESPONDERS, IF YOU WILL, LIKE
13 A PARAMEDIC OR FIREFIGHTER. FIRST ONTO THE SCENE,
14 THEIR JOB IS REALLY TO SURVEILL ABNORMAL CELLS AND
15 ELIMINATE THEM BY INGESTING OR ENGULFING THEM OR
16 EATING THEM, IF YOU WILL. IT TURNS OUT CANCERS CAN
17 OUTSMART THIS MACROPHAGE BY INCREASING THEIR CD 47
18 EXPRESSION. CD 47 IN THIS WAY SERVES AS A
19 DO-NOT-EAT-ME SIGNAL. SO CANCER CELLS PRESENT THIS
20 DO-NOT-EAT-ME SIGNAL TO MACROPHAGES, AND THEN
21 MACROPHAGES FAIL TO RECOGNIZE THIS. AND THIS IS A
22 WAY FOR THE CANCER TO OUTSMART THE BODY'S IMMUNE
23 SYSTEM.

24 ON THE RIGHT-HAND SIDE ON THE TOP, YOU CAN
25 SEE A VIDEO OF RED MACROPHAGES AND GREEN CANCER

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1 CELLS UNDER THE MICROSCOPE IN CONTROL CONDITIONS.
2 PLENTY OF INTERACTION WITH THE CANCER CELL
3 MACROPHAGE, BUT THERE'S NO INGESTION, AGAIN SHOWING
4 THIS MECHANISM IN PLACE.

5 NOW, IF YOU TAKE AN ANTIBODY THAT BLOCKS
6 CD 47, YOU CAN BLOCK THIS DO-NOT-EAT-ME SIGNAL, AND
7 GET CANCERS TO ACTUALLY BE EATEN UP BY THESE
8 MACROPHAGES. I'LL SHOW YOU IN THIS VIDEO HERE.
9 AGAIN, YOU CAN SEE THE RED MACROPHAGES WITH THE
10 ANTIBODY THAT ARE NOW INGESTING THESE CANCER CELLS.
11 HOPEFULLY YOU CAN SEE THIS HERE. AGAIN, MULTIPLE
12 GREEN CELLS INSIDE THE RED CELL, AND THIS HAPPENS
13 WITH VIRTUALLY EVERY CANCER TYPE WE'VE TESTED IN THE
14 LAB. I THINK THERE'S A LOT OF INITIAL ENTHUSIASM AT THIS
15 TIME ENTHUSIASM FOR HOW WIDESPREAD THIS CAN WORK.

16 I WANT TO HIGHLIGHT AT THIS TIME POINT, AS
17 DR. CARAS MENTIONED, ABOUT 2008, 2009 WE WERE
18 LEARNING THIS IN THE LAB, AND REALLY OUR GOAL WAS
19 HOW CAN WE TRANSLATE THIS TO A THERAPY. I THINK
20 THIS IS ACTUALLY WHERE CIRM CAME INTO A CRITICAL
21 PIECE BECAUSE, AS YOU ALL KNOW, WITH DRUG
22 DEVELOPMENT, ESPECIALLY AT AN ACADEMIC UNIVERSITY
23 LIKE STANFORD, IT IS VERY EXPENSIVE. THERE ARE NO
24 MECHANISMS OTHER THAN TRYING TO GET PRIVATE SECTOR
25 MONEY AT THIS TIME POINT TO DEVELOP THIS.

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1 CIRM REALLY PROVIDED CRITICAL FUNDING HERE
2 TO ALLOW US AS THE SCIENTISTS TO BE ABLE TO
3 INVESTIGATE THIS AGENT, DEVELOP A MONOCLONAL
4 ANTIBODY IN-HOUSE, AND ACTUALLY START FIRST-IN-CLASS
5 TO FIRST-IN-HUMAN STUDIES AT STANFORD WITH CIRM. SO
6 THIS IS A PRETTY UNIQUE MECHANISM I THINK A LOT OF
7 US HERE, AGAIN, ARE EXPERIENCING, BUT THIS ACTUALLY
8 LED A LOT OF US TO DEVELOP INITIAL PROOF OF CONCEPT
9 IN PATIENTS TO THEN ALLOW FOR ACCELERATION OF
10 CLINICAL DEVELOPMENT.

11 ONCE WE HAD SOME CLINICAL DATA, AND
12 OBVIOUSLY THEN EMBARKING ON ACCELERATING
13 DEVELOPMENT, WE THEN SPUN OUT 47 TO REALLY DO SO
14 WITH, AGAIN, ADDITIONAL TRADITIONAL FUNDING.

15 SO WITH THAT, I DO WANT TO HIGHLIGHT,
16 AGAIN, NOW KIND OF WHERE WE ARE AND WHERE WE'RE
17 GOING, BUT TO GIVE YOU ANOTHER JUST SNAPSHOT. IN
18 THE LAB, AGAIN, WE'VE TESTED THE IMPORTANCE OF CD 47
19 ANTIBODY IN OVER 25 TUMOR TYPES, LIQUID TUMORS,
20 SOLID TUMORS. THESE ARE TWO EXAMPLES ON THE
21 LEFT-HAND SIDE IN AN ACUTE LEUKEMIA MODEL IN MICE
22 WHERE YOU CAN SEE ON THE LEFT-HAND SIDE THOSE BLUE
23 CELLS, THAT'S A BONE MARROW FULL OF LEUKEMIA. WHEN
24 YOU TREAT WITH CD 47 ANTIBODY ON THE RIGHT, YOU CAN
25 SEE THAT THAT MARROW COMPLETELY EMPTIES OF THE

1 LEUKEMIA.

2 WHEN YOU LOOK AT A SOLID TUMOR MODEL, SO
3 THIS IS A SARCOMA ON THE RIGHT, YOU CAN SEE THESE
4 ARE ACTUALLY LUNGS OF A MOUSE. ON THE LEFT-HAND
5 SIDE, ALL OF THOSE BROWN SPOTS ARE HUMAN DISEASE OR
6 HUMAN METASTASES. AGAIN, TREATMENT AFTER 47
7 ANTIBODY, COMPLETE CLEARANCE, AS YOU CAN SEE ON THE
8 RIGHT-HAND SIDE. SO THESE WERE, AGAIN, EVIDENCE IN
9 THE LAB AND OUR HOPE REALLY TO TRANSLATE THIS INTO
10 PATIENTS.

11 SO, AGAIN, HIGHLIGHTING WHAT I MENTIONED,
12 THIS PERIOD IN 2009 WAS REALLY CRITICAL FOR US.
13 AGAIN, WE HAD OUR FIRST DISEASE TEAM GRANT TO REALLY
14 DEVELOP 5F9, WHICH IS A FIRST-IN-CLASS CD 47
15 ANTIBODY. THIS ALLOWED US TO FUND TWO DIFFERENT
16 PHASE 1 STUDIES, ONE IN ACUTE MYELOID LEUKEMIA AND
17 ONE IN SOLID TUMORS. THOSE DATA, INITIAL SAFETY AND
18 TOLERABILITY AND EFFICACY, ALLOWED US THEN TO SPIN
19 OUT 47, AGAIN, ADDITIONAL FUNDING, AND THEN REALLY
20 FURTHER DEVELOP. AGAIN, OUR MISSION, AT LEAST AT
21 THE COMPANY, IS, AGAIN, TO HELP PATIENTS DEFEAT
22 THEIR CANCER.

23 WITH THAT, I JUST WANT TO HIGHLIGHT KIND
24 OF MAYBE SOME CONCEPTS WHERE HAVE WE EVOLVED. ONE
25 OF THE THINGS I THINK THAT, EVEN AS ON THE INDUSTRY

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1 SIDE, AS YOU CAN APPRECIATE, WE CAN'T DO EVERYTHING
2 WITH A TARGET THAT IS THIS PROMISING THAT AT LEAST
3 IN THE LAB CAN WORK IN MULTIPLE TUMOR TYPES. WE
4 ONLY CAN DO SO MUCH. I THINK THIS IS WHERE, AGAIN,
5 IN OUR RELATIONSHIP, OUR ONGOING RELATIONSHIP, WITH
6 CIRM, THIS HAS BEEN REALLY CRITICAL.

7 YOU CAN SEE OUR PIPELINE HERE. 5F9 IS OUR
8 CD 47 ANTIBODY ACROSS MULTIPLE TRIALS. I'VE
9 HIGHLIGHTED TWO TRIALS IN BLUE THAT CONTINUE TO
10 RECEIVE CIRM FUNDING WITH 47 SPONSORSHIP. ONE IN
11 COLORECTAL CANCER AND ONE IN ACUTE MYELOID LEUKEMIA
12 IN COMBINATION WITH TWO AGENTS. SO, AGAIN, THIS
13 FUNDING HAS BEEN CRITICAL TO ALLOW US TO DO STUDIES
14 WHERE PROBABLY, BASED ON OTHER ASPECTS, MAY NOT HAVE
15 BEEN CONDUCTED. I THINK IT'S IMPORTANT TO HIGHLIGHT
16 THAT, THE CONTINUED RELATIONSHIP WITHIN INDUSTRY AND
17 ACADEMIA.

18 WITH THAT, I JUST WANT HAVE ONE MAYBE
19 SLIDE TO SHOW YOU SOME ACCOMPLISHMENTS HERE. SO 5F9
20 HAS BEEN TREATED IN OVER 290 PATIENTS TO DATE, AT
21 LEAST TO OUR LAST CUTOFF. THESE SPAN MULTIPLE
22 CANCERS, AS I MENTIONED. OUR CIRM-FUNDED TRIALS IN
23 COLORECTAL CANCER AND ACUTE MYELOID LEUKEMIA AND
24 MYELODYSPLASIC SYNDROME, A PRELEUKEMIA STATE, HAS
25 SHOWN CLINICAL ACTIVITY IN SEVERAL PATIENTS.

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1 I WANT TO HIGHLIGHT RECENT DATA THAT WE
2 CAME OUT WITH IN ABSTRACT THAT WE'LL BE PRESENTING
3 IN THE NEXT FEW WEEKS. AGAIN, IN OUR CIRM-FUNDED
4 STUDY IN ACUTE LEUKEMIA AND AGAIN IN A SMALLER DATA
5 SET, WE'VE SEEN A LITTLE BIT OVER HALF OF THE
6 PATIENTS ACTUALLY HAVE A RESPONSE TO THERAPY, EITHER
7 ELIMINATING THEIR LEUKEMIA ALTOGETHER OR HAVING
8 SIGNIFICANT RESPONSE.

9 SO WE WILL BE PRESENTING THIS DATA AT A
10 MAJOR MEDICAL CONFERENCE, THE AMERICAN SOCIETY OF
11 CLINICAL ONCOLOGY, IN THE NEXT TWO WEEKS AND ARE
12 QUITE EXCITED ABOUT THIS DATA REALLY TO SHOW IMPACT
13 IN TERMS OF PATIENTS.

14 NOW, I WANT TO GIVE, AGAIN, ONE EXAMPLE
15 WITH A PATIENT, AGAIN, ON ANOTHER STUDY THAT WE ARE
16 CONDUCTING IN LYMPHOMA IN COMBINATION WITH AN AGENT
17 CALLED RITUXIMAB JUST TO SHOW YOU AT LEAST SOME OF
18 THE EXPERIENCES WE'VE SEEN.

19 SO THIS IS A PATIENT SCAN OF A VERY
20 AGGRESSIVE LYMPHOMA PATIENT WHO ACTUALLY NEVER
21 RESPONDED TO THEIR PRIOR THERAPIES. YOU CAN SEE
22 THIS IS WHAT'S CALLED A PET SCAN ON THE LEFT-HAND
23 SIDE BEFORE TREATMENT. ALL OF THOSE BLACK DOTS,
24 THAT'S ALL DISEASE. YOU CAN SEE VERY EXTENSIVE,
25 COVERS ABOUT 30 PERCENT OF THE BODY SURFACE AREA.

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1 YOU CAN SEE AFTER EIGHT WEEKS OF TREATMENT WITH THE
2 COMBINATION, ALL OF THAT DISEASE IS ELIMINATED. SO
3 THIS PATIENT ACHIEVED WHAT'S CALLED A COMPLETE
4 REMISSION. THE REMAINING BLACK IS JUST NORMAL
5 ORGANS, EITHER KIDNEY, BLADDER, OR ARTIFACT.

6 WE'VE SEEN SEVERAL OF THESE RESPONSES
7 HERE. SO, AGAIN, I THINK JUST REMINDS US OF THE
8 BENEFIT THAT WE'RE SEEING WITH THIS THERAPY, AGAIN,
9 ACROSS MULTIPLE CANCERS.

10 WITH THAT, I THINK I HAVE TWO SLIDES LEFT,
11 AND JUST WANT TO HIGHLIGHT THAT CD 47'S ROLE DOESN'T
12 JUST STOP WITHIN ONCOLOGY. WE AND OTHERS CERTAINLY
13 HAVE DEMONSTRATED THAT THIS IS APPLICABLE TO
14 MULTIPLE DISEASES. THESE ARE SOME PUBLICATIONS IN
15 HIGH PROFILE JOURNALS, BUT WE KNOW THAT CD 47 PLAYS
16 A ROLE IN HEART DISEASE AND ATHEROSCLEROSIS, PLAYS A
17 ROLE IN FIBROSIS AND INFECTIOUS DISEASE AND
18 AUTOIMMUNITY. AND IMPORTANTLY, AT LEAST FOR CIRM AS
19 WELL, THERE ARE ADDITIONAL STEM CELL THERAPY
20 TRANSPLANT MODALITIES HERE WITH CD 47.

21 SO REALLY I THINK FOR US IT REALLY
22 SCRATCHES THE SURFACE ABOUT WHAT WE CAN SEE AND
23 BENEFIT IN THE PATIENTS, NOT JUST FOR ONCOLOGY, BUT
24 ALSO FOR OTHER CONDITIONS. AND IT'S A MISSION THAT
25 WE'RE QUITE EXCITED ABOUT AS WELL AS OTHERS THAT

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1 HAVE STARTED TO WORK REALLY IN THIS FIELD.

2 SO THE LAST SLIDE I'LL LEAVE YOU WITH IS
3 JUST A PICTURE OF KIND OF OUR JOURNEY. YOU CAN SEE,
4 AGAIN, IN 2009 WAS WHEN WE FIRST PUBLISHED DATA ON
5 CD 47. SHORTLY AFTER THAT PERIOD, FROM 2009 UP
6 UNTIL 2014, WHICH WAS THE FIRST PHASE 1 STUDY, WAS
7 REALLY A CRITICAL TIME IN WHICH CIRM HAD FUNDED KEY
8 ASPECTS OF THAT WITHIN STANFORD.

9 WE SPUN OUT 47 IN 2015. WE'VE LAUNCHED
10 SEVERAL NEW STUDIES, BEEN FORTUNATE TO LAUNCH AS A
11 PUBLIC COMPANY, BUT WHAT I WOULD SAY IS, AGAIN,
12 WE'RE NOWHERE NEAR FROM BEING DONE. I THINK OUR,
13 AGAIN, MISSION TO GET THIS APPROVED INTO MULTIPLE
14 MEDICATIONS, AND WE STILL HAVE A LONG WAY TO GO. I
15 THINK WE'RE APPRECIATIVE CERTAINLY OF OUR CIRM
16 PARTNERS IN THIS JOURNEY AND ARE EXCITED ABOUT WHERE
17 THINGS ARE, KNOWING THAT THERE'S QUITE A JOURNEY
18 AHEAD.

19 SO WITH THAT, I REALLY WANT TO THANK YOU
20 GUYS FOR YOUR TIME. I REALLY WANT TO SEND A SPECIAL
21 THANKS TO ALL THE MEMBERS FROM THE CIRM TEAM, FROM
22 DR. MILLAN AND DR. CARAS AS WELL WHO'S ACTUALLY BEEN
23 WITH THE PROGRAM FROM THE INCEPTION AS WELL OTHER
24 CIRM FOLKS. SO THANK YOU FOR YOUR TIME. THANK YOU
25 FOR THE OPPORTUNITY TO ALLOW ME TO SPEAK TO OUR

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1 STORY, AND AGAIN HAPPY TO TAKE ANY QUESTIONS.

2 (APPLAUSE.)

3 CHAIRMAN THOMAS: DR. MARTIN.

4 DR. MARTIN: WHAT CAN YOU AND IRV DO TO
5 HELP US RAISE THIS NEXT BOND FUNDING?

6 DR. CHAO: I THINK THERE'S PLENTY OF
7 IDEAS, SO I'M SURE IRV HAS HIS OPINIONS.

8 MR. TORRES: LARGER ENDOWMENT.

9 DR. CHAO: WELL, WE HAVE \$2 BILLION
10 WAITING SOMEWHERE. AS ALWAYS, YOU'VE BEEN VERY
11 SUPPORTIVE, AND, AGAIN, WE REALLY SEE HUGE VALUE IN
12 WHAT CIRM IS DOING.

13 DR. MARTIN: YOU CAN SAY THINGS WE CAN'T.

14 DR. BLUMENTHAL: JUST A QUICK QUESTION. I
15 NOTICE THAT YOU'VE USED THIS TECHNIQUE ON WIDELY
16 DIFFERENT KINDS OF CANCERS. WHAT DETERMINES WHICH
17 CANCERS TO WHICH IT IS LIKELY TO BE APPLICABLE AND
18 WHICH ONES MIGHT NOT BE SO FAVORABLE?

19 DR. CHAO: IT'S AN EXCELLENT QUESTION. I
20 THINK CERTAINLY IN THE PRECLINICAL SETTING, WE'VE
21 SEEN THAT ACTIVITY IN MULTIPLE TUMOR TYPES. NOW, WE
22 KNOW THAT PRECLINICAL MODELS ARE NOT GOING TO
23 TRANSLATE ALWAYS TO PATIENTS, AND WE'VE STARTED TO
24 SEE SOME OF THAT. I THINK WITHIN OUR PROGRAM, AS WE
25 HAVE PATIENTS THAT ARE JOINING OUR TRIAL, THEY'VE

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1 BEEN VERY GRACIOUS TO PROVIDE MATERIAL FROM THAT,
2 WHETHER IT'S BLOOD OR TISSUE, TO ALLOW US TO
3 UNDERSTAND THE DETERMINANCE OF RESPONSE.

4 SO FOR US IT'S ACTUALLY A MAJOR AREA
5 ACROSS ALL OF OUR STUDIES WHERE WE'RE COLLECTING
6 SAMPLES, TISSUES TO REALLY UNDERSTAND THAT BECAUSE
7 WE DO THINK THAT, AGAIN, EVEN IN SOME EXAMPLES WHERE
8 WE MAY SEE UP TO HALF OF PATIENTS RESPOND, THE OTHER
9 HALF DON'T. SO WHY DOES THAT HAPPEN? SO IT'S A KEY
10 AREA FOR US AND THE COMPANY TO UNDERSTAND THAT.

11 CHAIRMAN THOMAS: ANY OTHER COMMENTS FROM
12 MEMBERS OF THE BOARD? DR. CHAO, THANK YOU VERY
13 MUCH. IT GOES WITHOUT SAYING WE AT CIRM AND THE
14 PATIENTS POTENTIALLY AFFECTED BY WHAT YOU'RE DOING
15 ARE ALL HEAVILY ROOTING FOR YOU AS IS THE CASE WITH
16 ALL OF OUR CIRM GRANTEEES. AND WE ARE DELIGHTED TO
17 GET THE PROGRESS REPORT AND LOOK FORWARD TO HEARING
18 GREAT THINGS DOWN THE ROAD. SO THANK YOU VERY MUCH.

19 DR. CHAO: THANK YOU ALL. APPRECIATE IT.

20 (APPLAUSE.)

21 CHAIRMAN THOMAS: OKAY. SO WITH THAT,
22 WE'RE GOING TO BREAK FOR LUNCH. MEMBERS HERE, IT'S
23 A WORKING LUNCH, SO LUNCH IS AVAILABLE IN THE
24 KITCHEN. SO IF YOU COULD GO GET YOUR LUNCH AND
25 BRING IT BACK, AND WE WILL PROMPTLY CONTINUE WITH

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1 SENATOR TORRES AND SOME VERY INTERESTING DISCUSSION
2 FROM LAST WEEK'S SUBCOMMITTEES. THANK YOU.

3 (A RECESS WAS TAKEN.)

4 CHAIRMAN THOMAS: CAN THE FOLKS ON THE
5 PHONE HEAR ME? OKAY.

6 WE ARE WE NOW GOING TO RECONVENE. THE
7 FIRST ACTION ITEM THAT WE HAVE, WE HAVE A
8 PRESENTATION ON THE FINANCIAL AUDIT RESULTS FROM
9 MG&O, WHOSE REPRESENTATIVE IS WALKING TO THE PODIUM.
10 THANK YOU, SIR.

11 MR. HARNER: MY NAME IS CRAIG HARNER. I'M
12 A SENIOR MANAGER WITH MGO RESPONSIBLE FOR -- CRAIG
13 HARNER. I OVERSEE THE FINANCIAL AUDIT OF CIRM FROM
14 MGO. SO WE'RE HERE TO PRESENT THE RESULTS TODAY OF
15 THE JUNE 30, 2018, AUDIT OF THE FINANCIAL STATEMENTS
16 THAT WE WRAPPED UP IN OCTOBER. AS PART OF OUR
17 AUDIT, WE DELIVER TWO REPORTS. ONE IS IN THE
18 FINANCIAL STATEMENT, AND IT'S THE INDEPENDENT
19 AUDITOR'S REPORT, AND THEN THE SECOND ONE IS
20 ADDRESSED TO THE ICOC, AND WE CALL THAT A REQUIRED
21 COMMUNICATIONS REPORT. SO I'LL KIND OF JUST BRIEFLY
22 GO OVER BOTH AND THEN OPEN UP FOR QUESTIONS IF THERE
23 ARE ANY.

24 SO WE PERFORMED OUR AUDIT IN ACCORDANCE
25 WITH GOVERNMENT AUDITING STANDARDS WHICH REQUIRE A

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1 LITTLE BIT MORE PROCEDURES THAT WE DO TO LOOK AT
2 COMPLIANCE AND ALSO INTERNAL CONTROLS HERE AT CIRM.
3 WE ISSUED OUR REPORT ON OCTOBER 15, 2018, AND WE'RE
4 HAPPY TO REPORT THAT WE ISSUED AN UNMODIFIED OPINION
5 ON THOSE FINANCIAL STATEMENTS. AN UNMODIFIED
6 OPINION IS THE HIGHEST LEVEL OF ASSURANCE THAT AN
7 INDEPENDENT AUDITOR CAN GIVE AN ORGANIZATION
8 REGARDING THE FAIR PRESENTATION OF ALL THE NUMBERS
9 THAT ARE IN THOSE FINANCIAL STATEMENTS AND THE NO
10 DISCLOSURES.

11 I'LL JUST KIND OF REITERATE SOMETHING THAT
12 WAS MENTIONED EARLIER, BUT THAT ALSO SPEAKS TO THE
13 LEVEL OF THE WORK THAT IS DONE BY THE STAFF HERE AT
14 CIRM AND SPECIFICALLY HEADED UP BY CHILA, WHO WE
15 WORK WITH DIRECTLY AS PART OF THE AUDIT. I THINK IN
16 ALL THE YEARS WE'VE BEEN DOING THE AUDIT, AS WAS
17 MENTIONED, WE'VE NEVER HAD ANYTHING TO REALLY REPORT
18 AND NEVER HAD ANYTHING OTHER THAN AN UNMODIFIED
19 OPINION.

20 THE SECOND REPORT WE ISSUED IS REQUIRED
21 COMMUNICATIONS. OUR PROFESSIONAL AUDITING STANDARDS
22 REQUIRE THAT AT THE END OF OUR AUDIT, WE COMMUNICATE
23 CERTAIN MATTERS TO THOSE CHARGED WITH GOVERNANCE.
24 AND I WON'T REALLY GO OVER EVERYTHING IN THERE
25 BECAUSE THERE ISN'T ANYTHING -- THERE WASN'T REALLY

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1 ANYTHING THAT STOOD OUT AS BEING NEEDED TO BE
2 BROUGHT UP AND LET THE BOARD KNOW IT WAS A PRETTY
3 BORING YEAR FOR US, WHICH IS WHAT WE LIKE TO SEE.

4 WE HAD NO DIFFICULTIES ENCOUNTERED IN
5 PERFORMING OUR AUDIT. WE HAD NO DISAGREEMENTS WITH
6 MANAGEMENT, WE HAD NO -- MANAGEMENT ALSO DIDN'T
7 CONSULT WITH ANY OTHER ACCOUNTANTS OR ANY OTHER
8 INDEPENDENT AUDITORS OR INDEPENDENT ACCOUNTING FIRMS
9 ON ANY OTHER MATTERS. WE DIDN'T HAVE ANY
10 UNCORRECTED ERRORS OR UNCORRECTED MISSTATEMENTS.
11 OVERALL IT WAS ANOTHER PRETTY CLEAN YEAR FOR US.

12 ALSO AT THE END OF OUR AUDIT, THE STATE
13 CONTROLLER COMES IN AND ACTUALLY REVIEWS ALL OF OUR
14 WORK AND ISSUES A REPORT, AND THEY FOUND NO -- THEY
15 ISSUED THEIR REPORT, I BELIEVE, TOWARDS THE END OF
16 MARCH OF THIS YEAR, AND THEY ALSO FOUND NO PROBLEMS.
17 EVERYTHING WAS PRETTY STANDARD. WITH THAT, I'LL
18 ANSWER ANY QUESTIONS.

19 CHAIRMAN THOMAS: SORRY IT WAS ANOTHER
20 SORT OF TEDIOUS AND BORING AND UTTERLY UNEVENTFUL
21 EXERCISE. CHILA, EXCELLENT WORK. ANY COMMENTS OR
22 QUESTIONS?

23 MR. TORRES: SO HOW MANY AUDITS DOES THIS
24 AGENCY UNDERGO EVERY PERIODIC TIME?

25 MR. HARNER: AS FAR AS I KNOW, THEY

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1 UNDERGO TWO.

2 MR. TORRES: TWO AND, IN ADDITION, A
3 PERFORMANCE AUDIT EVERY THIRD YEAR.

4 MR. HARNER: EVERY THIRD YEAR, I BELIEVE
5 SO. I DON'T KNOW A WHOLE LOT ABOUT THE PERFORMANCE
6 AUDIT.

7 MR. TORRES: I WROTE THE LAW WITH SENATOR
8 ALQUIST. I JUST WANTED TO MAKE SURE THE BOARD KNEW
9 AND THE PUBLIC KNOWS HOW MANY AUDITS WE AS A STATE
10 AGENCY UNDERGO, WHICH IS UNPRECEDENTED WITH ANY
11 OTHER STATE AGENCY. TWO AUDITS AND A PERFORMANCE
12 AUDIT EVERY THIRD YEAR, UNPARALLELED. SO IT GIVES
13 US MORE CREDENCE AS TO WHAT WE'VE BEEN ABLE TO
14 ACHIEVE WITH OUR FINANCE TEAM AS WE SPEAK TODAY.

15 MR. HARNER: OH, ABSOLUTELY. I'LL ADD ON
16 TO THAT BEFORE WE EVEN GET THE INFORMATION OR THE
17 FINANCIAL INFORMATION, IT'S ALREADY BEEN LOOKED AT
18 BY THE STATE CONTROLLER'S OFFICER, ABOUT A HUNDRED
19 PERCENT OF THE TRANSACTIONS, SO BY THE TIME WE GET
20 IT, IT'S ALREADY PRETTY CLEAN.

21 CHAIRMAN THOMAS: OKAY. ANY OTHER
22 COMMENTS? OKAY. THANK YOU VERY MUCH. ALL RIGHT.
23 NOW THE MOMENT WE'VE ALL BEEN WAITING FOR.

24 MR. TORRES: AT LEAST I HAVE.

25 CHAIRMAN THOMAS: SENATOR TORRES, NOT ONLY

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1 HAS EATEN, BUT DIGESTED HIS LUNCH. WE GO ON TO
2 CONSIDERATION OF REPORT AND RECOMMENDATIONS FROM THE
3 LEGISLATIVE SUBCOMMITTEE.

4 MR. TORRES: FIRST OF ALL, I WANT TO
5 REMIND MARIA THAT I WAS THERE ALSO FOR THE FOURTH
6 ANNUAL ALPHA CLINICS SYMPOSIUM, AND THAT I BROUGHT
7 THE CHAIRMAN OF THE ASSEMBLY INFECTIOUS DISEASE
8 COMMITTEE.

9 DR. MILLAN: THE NIGHT BEFORE.

10 MR. TORRES: THE MEMORY IS COMING BACK.
11 MICHAEL GIPSON, WHO IS DOING A GREAT JOB. IN FACT,
12 THE COMMITTEE WILL BE VISITING US PRETTY SOON,
13 MARIA, IN TERMS OF WORKING OUT A DATE. BUT ALSO IN
14 REFERENCE TO OTHER QUESTIONS, THE BRIDGES PROGRAMS,
15 WHICH WAS CITED EARLIER, WE OUGHT TO GIVE A REPORT
16 BACK TO OUR BOARD MEMBERS AS TO THE NUMBER OF
17 BRIDGES STUDENTS WHO HAVE FOUND WORK IN THE STEM
18 CELL AREA WITH VERY IMPORTANT POSITIONS. WE HAVE
19 ONE OF THEM THAT WORKS FOR US IN OUR COMMUNICATIONS
20 DEPARTMENT, FOR EXAMPLE, AND WE HAVE MANY OTHER
21 BRIDGES STUDENTS WHO ARE WORKING IN LABS THROUGHOUT
22 THE COUNTRY. SO I THINK WE SHOULD GIVE A REPORT TO
23 OUR BOARD MEMBERS AS TO WHAT THOSE FOLKS ARE DOING.

24 WHAT HAS OCCURRED IS THAT THE TWO PIECES
25 OF LEGISLATION THAT I HAD HOPED TO HAVE THIS BOARD

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1 APPROVE ARE NOW DEAD. AND THE REASON THEY ARE DEAD
2 IS STILL UNCLEAR. THEY HAVEN'T TOLD US WHY THEY
3 OPPOSED IT, AND EVEN THE AUTHOR OF THE BILLS CAN'T
4 FIGURE OUT WHY THEIR BILLS REMAINED IN WHAT'S CALLED
5 THE SUSPENSE FILE OF THE ASSEMBLY APPROPRIATIONS
6 COMMITTEE.

7 THE FIRST BILL WOULD ESTABLISH THAT THE
8 BOARD OF MEDICAL QUALITY ASSURANCE CREATE CRITERIA
9 TO LICENSE STEM CELL CLINICS IN CALIFORNIA. NOW,
10 THAT LEGISLATION IS STILL BEING WORKED ON, AND I'VE
11 GIVEN AT LEAST FOUR ALTERNATIVE STRATEGIES TO THE
12 AUTHOR TO CONTEMPLATE AS TO HOW TO REVIVE THE ISSUE
13 EITHER ADMINISTRATIVELY OR THROUGH THE LEGISLATIVE
14 PROCESS. AND WHAT'S ASTOUNDING TO ME IS THAT THERE
15 WAS NO REAL MONEY IN THIS BILL, AND YET IT WAS
16 RETAINED IN THE ASSEMBLY APPROPRIATIONS COMMITTEE
17 WHILE \$12 BILLION IN OTHER BILLS WENT OUT. AND THE
18 OTHER BILL THAT WAS DEFEATED WAS THE ROMAN REED
19 SPINAL CORD INJURY LEGISLATION FOR \$5 MILLION, WHICH
20 PASSES EVERY YEAR. AND, AGAIN, THE CHAIR OF THAT
21 COMMITTEE, WHO I'M GOING TO HAVE SOME WORDS WITH,
22 DID NOT REALLY EXPLAIN WHY THAT BILL REMAINED IN
23 THE, QUOTE, SUSPENSE FILE.

24 THE OTHER CASUALTY OF THAT SUSPENSE FILE
25 WAS AB 1105 BY ASSEMBLY MEMBER GIPSON WHICH

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1 APPROPRIATED 15 MILLION FOR SICKLE CELL CENTERS
2 THROUGHOUT THE STATE, WHICH WOULD HAVE BEEN AN
3 EXCELLENT COMPLEMENT TO THE 38 MILLION THAT THIS
4 BOARD HAS PROVIDED FOR SICKLE CELL RESEARCH AND
5 TREATMENT.

6 SO THAT'S WHERE WE ARE AT. AND, AGAIN,
7 I'M TALKING TO THE AUTHOR OF THAT BILL TO SEE
8 WHETHER OR NOT THERE'S ANY WAY TO REVIVE AT LEAST
9 PART OF THE FUNDING AND THE ROMAN REED BILL WAS \$5
10 MILLION, AT LEAST PART OF THE 15 MILLION FUNDING FOR
11 THE SICKLE CELL ANEMIA BILL THAT WE SEE NOW
12 CURRENTLY IN THE SUSPENSE FILE.

13 SO I THINK THE BOTTOM LINE IS THERE'S NO
14 REPORT TO APPROVE. AND I THINK I'LL WAIT UNTIL THE
15 SESSION IS OVER. MAY 31ST IS THE LAST DAY THAT ANY
16 BILL OUT OF ITS HOUSE OF ORIGIN CAN MOVE FORWARD.
17 AND, OF COURSE, THE LEGISLATIVE SESSION ENDS ON
18 SEPTEMBER 13TH OF THIS YEAR, SO WE'LL HAVE A BETTER
19 IDEA AS TO WHERE WE ARE AT AND HOW WE ARE MOVING.

20 CHAIRMAN THOMAS: THANK YOU, SENATOR
21 TORRES. I THINK WE ALL SHARE YOUR INCREDULITY, THAT
22 ALL THREE OF THESE DIDN'T PASS RESOUNDINGLY AND HAVE
23 NO IDEA WHY ANYBODY WOULD OPPOSE, PARTICULARLY GIVEN
24 HOW FLUSH THE STATE IS IN FUNDING AND THE ACUTE NEED
25 THAT EACH OF THESE INITIATIVES ENTAIL. SO WE LOOK

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1 FORWARD TO HEARING MORE ON THE SUBJECT DOWN THE
2 ROAD.

3 OKAY. ITEM 13, UPDATE AND DISCUSSION FROM
4 THE JOINT MEETING OF THE GOVERNANCE AND THE SCIENCE
5 SUBCOMMITTEE. SENATOR TORRES TO INTRODUCE MR.
6 TOCHER.

7 MR. TORRES: THANK YOU VERY MUCH, MR.
8 CHAIRMAN, AND THANK YOU, SHERRY LANSING, AS CHAIR OF
9 THE GOVERNANCE COMMITTEE COULD NOT BE -- IS SHE ON
10 THE LINE -- COULD NOT BE HERE. I STILL WANT TO
11 RECOGNIZE HER CONTRIBUTIONS AND THANK HER FOR HER
12 EFFORTS. SHE WAS AT A REGENTS MEETING THAT WHOLE
13 DAY, SO IT WAS IMPOSSIBLE FOR HER TO PARTICIPATE IN
14 THIS DISCUSSION. BUT I WANT TO THANK JEFF SHEEHY,
15 WHO IS THE CHAIR OF THE SCIENCE COMMITTEE, AS WELL
16 AS MR. TOCHER -- WHO'S CLOSING THE DOORS NOW.
17 MULTITALENTED, MULTISKILLED -- MR. TOCHER AND ALSO A
18 THANK-YOU TO JAMES HARRISON AND OUR CHAIRMAN FOR
19 PUTTING TOGETHER WHAT HAS BEEN A VERY IMPORTANT
20 EXERCISE IN BRINGING FORWARD TO THE BOARD SOME OF
21 THE SUGGESTIONS THAT WE MIGHT PROFFER TO MR. KLEIN
22 AND OTHERS WHO ARE SUPPORTING A NEW INITIATIVE ON
23 THE 2020 BALLOT.

24 SO I'LL TOSS IT OVER, IF THAT'S OKAY WITH
25 YOU, JEFF, TOSS IT OVER TO SCOTT, THEN WE'LL MOVE AD

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1 SERIATIM.

2 MR. TOCHER: THANK YOU VERY MUCH, SENATOR.
3 AS THE SENATOR JUST INDICATED, THE POINT OF THIS IS
4 REALLY JUST TO HAVE A DISCUSSION, NOT TO ACTUALLY
5 VOTE ON PARTICULAR IDEAS OR INITIATIVES, BUT REALLY
6 TO CREATE A RECORD OF FEEDBACK FOR EVERYONE HERE,
7 EVERYONE ON THE BOARD, AND TO SUPPLEMENT THAT WITH
8 FEEDBACK THAT WAS ELICITED A COUPLE WEEKS AGO AT THE
9 JOINT SUBCOMMITTEE THAT THE SENATOR JUST REFERRED
10 TO.

11 BASICALLY WHAT THIS IS IS YOU WILL SEE A
12 PRESENTATION OF SEVERAL IDEAS THAT THE TEAM CAME UP
13 WITH IN ORDER TO SPARK A CONVERSATION AROUND SOME OF
14 THE ISSUES THAT HAVE ARISEN IN OUR MINDS AND ALSO IN
15 THE MINDS OF OTHERS THAT MIGHT BE FRUITFUL FOR
16 DISCUSSION AND POSSIBLE TREATMENT IN A FUTURE
17 INITIATIVE. WE DON'T INTEND, HOWEVER, THIS LIST TO
18 BE EXHAUSTIVE. SO IF THERE'S ANYTHING THAT YOU
19 DON'T SEE ON HERE THAT YOU'D LIKE TO DISCUSS, YOU
20 SHOULD ABSOLUTELY FEEL FREE TO BRING IT UP AS WELL.

21 WITH THAT, JUMPING RIGHT IN, THIS IS AN
22 ISSUE THAT I KNOW MANY OF YOU ARE FAMILIAR WITH WHO
23 HAVE BEEN WITH THE AGENCY FOR SOME TIME. YOU MAY
24 KNOW THAT CIRM ADOPTED VERY STRINGENT CONFLICT OF
25 INTEREST LAWS WHICH ARE MODELED IN THE BEST

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1 PRACTICES THAT WERE ESTABLISHED BY THE NATIONAL
2 ACADEMY OF SCIENCES AND OTHERS AND WHICH EXCEED THE
3 CONFLICT OF INTEREST STANDARDS THAT APPLY NORMALLY
4 TO MOST STATE AGENCIES AND PUBLIC OFFICIALS.

5 THE CONTROLLER, I BELIEVE IT WAS BACK IN
6 '07, REVIEWED CIRM'S CONFLICT OF INTEREST POLICIES
7 AND AT THAT TIME FOUND NO VIOLATIONS OF THE COI
8 RULES AND THE AWARD OF GRANTS, NOR HAS ANY SUCH
9 VIOLATION BEEN DOCUMENTED SINCE. NEVERTHELESS,
10 THERE HAS PERSISTED IN SOME QUARTERS, SUCH AS THE
11 LITTLE HOOVER COMMISSION AND THE SUBSEQUENT REPORT
12 BY THE IOM, THAT HAVE SUGGESTED THAT THE STRUCTURE
13 OF THE ICOC CREATES THE PERCEPTION OF CONFLICTS OF
14 INTEREST BY VIRTUE OF THE PRESENCE OF ON THE BOARD
15 SERVICE BY MEMBERS WHO REPRESENT INSTITUTIONS THAT
16 RECEIVE FUNDS FROM THE AGENCY.

17 SO AS YOU KNOW, SUBSEQUENT TO THAT, THE
18 BOARD CREATED THE APPLICATION REVIEW SUBCOMMITTEE OF
19 WHICH THOSE INSTITUTIONAL MEMBERS ARE NONVOTING
20 MEMBERS, AND THE FINAL VOTING ON AN AWARD IS DONE BY
21 THE REMAINDER OF THE BOARD. SO THE CHALLENGE WAS
22 HOW TO HARNESS THE EXPERTISE THAT THESE
23 INSTITUTIONAL MEMBERS HAVE AND THE CONTRIBUTIONS
24 THAT WE KNOW ARE INCREDIBLY INVALUABLE WHILE
25 POSSIBLY ELIMINATING OR AT LEAST ADDRESSING THE

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1 CONFLICT OF INTEREST CRITICISM FROM THE FOLKS THAT
2 I'VE MENTIONED.

3 SO WE AT THE SUBCOMMITTEE LEVEL DISCUSSED
4 A RANGE OF POSSIBILITIES, EVERYTHING FROM CONTINUING
5 WITH THE EXISTING APPLICATION REVIEW SUBCOMMITTEE
6 PROCESS. ANOTHER IDEA WAS TO APPOINT FORMER RETIRED
7 INSTITUTIONAL MEMBERS FROM THOSE INSTITUTIONS. AND
8 MEMBER JUELSGAARD SUGGESTED ANOTHER APPROACH WHICH
9 WOULD BE TO SQUARELY ADDRESS THE ISSUE IN THE NEW
10 INITIATIVE ITSELF BY DECLARING, A FINDING THAT THE
11 SERVICE OF SUCH MEMBERS DOES NOT CONSTITUTE A
12 CONFLICT OF INTEREST.

13 I THINK THE SENTIMENT AT THE JOINT
14 SUBCOMMITTEE MEETING WAS VERY MUCH THAT THE
15 INSTITUTIONAL PARTICIPATION WAS MISSED AND IS
16 SOMETHING THAT THE SUBCOMMITTEES WOULD LIKE TO SEE
17 RESURRECTED IN A MORE ROBUST MANNER BEFORE THESE
18 REFORMS WERE ADOPTED BY THE AGENCY.

19 SO, ANYWAY, THAT'S THE ISSUE AND LIKE YOUR
20 THOUGHTS.

21 MR. TORRES: ANY COMMENTS?

22 DR. JUELSGAARD: I'LL JUST REITERATE WHAT
23 I SAID AT THE SCIENCE GOVERNANCE COMMITTEE MEETING,
24 WHICH IS THAT TO ME THIS SORT OF STARTS WITH WHAT'S
25 IN THE BACKGROUND, RIGHT. SO WE HAVE THESE

1 FINDINGS. WE'VE ESTABLISHED THE POLICY AT THE
2 BEGINNING AS ONE ESTABLISHED FOR THE NATIONAL
3 ACADEMY OF SCIENCES, AND WE'VE HAD REVIEWS OF OTHERS
4 THAT HAVE INDICATED THAT THERE'S NOT A CONFLICT OF
5 INTEREST. AND THEN WE'RE MET WITH THIS NOTION OF A
6 PERCEIVED CONFLICT OF INTEREST, NOT A CONFLICT OF
7 INTEREST, BUT A PERCEIVED CONFLICT OF INTEREST. SO
8 THAT'S KIND OF THE BACKGROUND.

9 SO FROM MY POINT OF VIEW, THEN, HAVING
10 EXPERIENCED BOTH THE PARTICIPATION OF INSTITUTIONAL
11 MEMBERS AND NOW THE LACK OF PARTICIPATION
12 AFTERWARDS, IT'S KIND OF A COST BENEFIT ANALYSIS.
13 TO BE QUITE HONEST, I THINK WE'VE LOST A LOT OF
14 BENEFIT FROM THEM, AND THAT'S REALLY BEEN A COST.
15 AND THE COST OF GOING BACK TO DEAL WITH THE
16 PERCEIVED CONFLICT OF INTEREST IS ONE THAT I THINK
17 THAT WE CAN ADEQUATELY DEAL WITH.

18 AND, AS I SAID, SO ESSENTIALLY WHAT I
19 THINK WE SHOULD DO IS GO BACK TO FULL PARTICIPATION
20 OF THE PEOPLE THAT WERE INVOLVED BEFORE WITH THE
21 ACADEMIC INSTITUTIONS OR RESEARCH INSTITUTIONS, AND
22 THAT TO PUT INTO WHOEVER PROPOSES THE NEW
23 PROPOSITION LANGUAGE THAT SPECIFICALLY DECLARES THAT
24 THE PARTICIPATION OF THOSE INDIVIDUALS IS NOT A
25 CONFLICT OF INTEREST. AND SO THAT IF ANYBODY RAISES

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1 THIS NOTION DOWN THE ROAD OF A PERCEIVED CONFLICT OF
2 INTEREST, IT'S ALREADY BEEN SPOKEN TO BY THE VOTERS
3 OF THE STATE, WHO ARE THE ONES FUNDING THIS
4 INSTITUTION. AND THAT FOR ME IS MORE COMPELLING
5 THAN SOMEBODY'S IDEA OF A PERCEIVED CONFLICT OF
6 INTEREST.

7 MR. TORRES: EXCELLENT POINT, WHICH I
8 AGREE WITH WHOLEHEARTEDLY. ANY OTHER COMMENTS?

9 DR. PRIETO: THE ONLY CONCERN I HAVE WITH
10 THAT IS HOW IT'S GOING TO BE READ BY SOME OF THE
11 PUBLIC OR CERTAIN OPPONENTS OF ANY NEW INITIATIVE AS
12 A STEP BACKWARDS. WHETHER IT'S TRUE OR NOT, I THINK
13 IT'S CLEAR THAT THERE REALLY WAS VERY LITTLE TRUTH
14 TO IT, IT MAY BE SOLD THAT WAY. AND THAT'S A
15 CONSIDERATION.

16 CHAIRMAN THOMAS: SO IN THE COURSE OF THE
17 JOINT SUBCOMMITTEE MEETING, I, JUST FOR THE REST OF
18 THE BOARD TO HEAR, I REITERATED HOW WE GOT TO THAT
19 PLACE, WHICH MR. JUELSGAARD ALLUDED TO, WHICH IS WE
20 HAD A SERIES OF REPORTS BY VARIOUS AUTHORITATIVE
21 ENTITIES STARTING WITH THE LITTLE HOOVER COMMISSION
22 MOVING ON TO WHAT WE CALL THE EXTERNAL ADVISORY
23 PANEL THAT I THINK CIRM APPOINTED BEFORE MY TIME,
24 AND THEN CULMINATING IN THE IOM. EACH HAD IN IT
25 SORT OF QUITE VEHEMENT LANGUAGE ABOUT THE CONFLICT

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1 OF INTEREST ISSUE, WHICH HAS ALWAYS BEEN JUST
2 PERCEIVED, AS CORRECTLY NOTED BY MR. JUELSGAARD.
3 WITH RESPECT TO ANY GIVEN FUNDING AWARD, THERE'S
4 NEVER BEEN AN ACTUAL CONFLICT.

5 BUT THE FACT OF THE MATTER IS WE HAD A LOT
6 OF NEGATIVE FEEDBACK, WHICH WE DIDN'T DO ANYTHING
7 ABOUT. AND WHEN THE IOM REPORT CAME OUT, THAT
8 ELEMENT OF IT IN PARTICULAR WAS DULY NOTED IN THE
9 PRESS STATEWIDE. AND IT WAS OUR FEELING AT THE TIME
10 WE NEEDED TO HAVE A COMPREHENSIVE RESPONSE TO THAT.
11 THERE WERE OTHER THINGS IN THERE AS WELL, WE FELT
12 UNANIMOUSLY, WERE VERY UNFAIR SUGGESTIONS AND
13 COMMENTS WITH RESPECT TO PATIENT ADVOCATE
14 PARTICIPATION, ET CETERA. SO WE FELT WE HAD TO DEAL
15 WITH THIS, AND THAT WAS WHERE THE IDEA OF THE
16 APPLICATION REVIEW SUBCOMMITTEE WAS BORN,
17 UNDERSTANDING THAT IT WAS GOING TO REDUCE
18 PARTICIPATION OF THOSE 13 ENTITIES THAT ARE ELIGIBLE
19 FOR FUNDING OTHER THAN TO NOTE THAT WHAT IT ACTUALLY
20 PRECLUDED WAS NOT PARTICIPATION IN THE DISCUSSION OR
21 CONSIDERATION OF ANY GIVEN AWARD UNLESS IT'S YOUR
22 OWN, OF COURSE, YOUR OWN INSTITUTION. WHAT IS
23 SOLELY PRECLUDED WAS ACTUALLY VOTING ON THE GRANTS,
24 BUT THAT DID HAVE A BIT OF A CHILLING EFFECT, NO
25 QUESTION. AND WE HAVE, I THINK, BEEN THE WORSE FOR

1 THAT CHILLING EFFECT.

2 SO THE ISSUE IS WHAT DO WE DO ABOUT IT.
3 IT'S NOT A SIMPLE QUESTION BECAUSE, AS DR. PRIETO
4 SUGGESTS, AS SOON AS WE SUGGEST WE'RE GOING TO
5 REVERSE COURSE ON THAT, THAT WILL BE SOMETHING THAT
6 THE PRESS PICKS UP, EVEN THOUGH WE STILL NOW WELL
7 INTO CIRM'S EXISTENCE HAVE NEVER HAD A CONFLICT WITH
8 RESPECT TO ANY FUNDING AWARD. I THINK THE IDEA OF
9 PUTTING IT IN THE MEASURE IS AN INTERESTING ONE,
10 STEVE, BECAUSE THAT IS SOMETHING THAT WOULD ALLOW
11 THE PUBLIC TO SPEAK UP ON THAT ISSUE. I'M NOT SURE
12 THAT EVEN IF THEY DO, THAT WILL EVER PUT THE ISSUE
13 TO BED BECAUSE IT'S ONE OF SORT OF THE FAVORITES OF
14 THE CRITICISMS THAT HAVE BEEN LEVELED AT CIRM OVER
15 THE YEARS.

16 SO I THINK -- THE QUESTION OF WHAT TO DO
17 ON THIS IS TRICKY. I DO AGREE THAT WE'VE LOST
18 INSIGHT FROM A NUMBER OF THOSE MEMBERS, BUT WE DO
19 HAVE TO BE REALLY CAREFUL BECAUSE I THINK THAT THIS
20 IS SOMETHING THAT'S AN EASY CONCEPT TO COMPREHEND BY
21 ANYBODY WHO MIGHT OPPOSE THE MEASURE, AND THAT COULD
22 HAVE AN IMPACT ON HOW THE MEASURE IS COVERED IN THE
23 PRESS LEADING UP TO THE VOTE AND WHAT THE VOTE
24 ULTIMATELY IS.

25 DR. PRIETO: I'M NOT NECESSARILY

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1 OPPOSED --

2 DR. MARTIN: I HAVE NOTHING MORE TO ADD.

3 MR. TORRES: DR. MARTIN WAS NEXT.

4 DR. MARTIN: I HAVE NOTHING MORE TO ADD ON
5 THAT NOW.

6 DR. PRIETO: I'M NOT NECESSARILY OPPOSED,
7 BUT I THINK THAT WE WOULD HAVE TO BE VERY CAREFUL
8 AND REALLY EXPLICIT HOW WE PRESENTED IT AND
9 REFERENCING OUR HISTORY AND THE FACT THAT, IN FACT,
10 WE HAVE HAD, BEFORE OR AFTER THE CHANGES, NO
11 CONFLICTS OF INTEREST. I THINK A LOT OF WHAT'S BEEN
12 DISCUSSED TODAY SHOWS THAT, COMPARED TO MANY OTHER
13 STATE AGENCIES, THIS ONE HAS BEEN EXEMPLARY,
14 UNUSUALLY SO. WE WOULD HAVE TO BE ABLE TO ADDRESS
15 THAT HEAD-ON.

16 MR. TORRES: MR. SHEEHY.

17 MR. SHEEHY: THANK YOU, SENATOR TORRES.
18 SO LIKE MR. JUELSGAARD, I'LL LARGELY BE
19 RECAPITULATING WHAT I HEARD AT THE HEARING. BUT I
20 THINK SOMETHING INCREDIBLY VALUABLE WAS LOST. AND I
21 DO NOTE FOR THE RECORD THAT I DID VOTE AGAINST THIS
22 CHANGE. I THINK JOAN SAMUELSON AND I WERE THE ONLY
23 ONES.

24 ONE OF THE MAGICAL THINGS ABOUT PROP 71
25 WAS BRINGING TOGETHER ACADEMIC RESEARCHERS, INDUSTRY

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1 INDIVIDUALS, AND IT WAS GREAT TO HEAR FROM ED
2 PENHOET TODAY, WHO WAS SUCH A GREAT FORCE ON THIS
3 BOARD, AND PATIENT ADVOCATES. I DON'T KNOW OF VERY
4 MANY INSTANCES WHERE WE'RE ALL BROUGHT TOGETHER AS
5 PEERS WITH UNIQUE POINTS OF VIEW TO CONTRIBUTE TO
6 THIS CAUSE. AND I HAVE FOUND THAT TO BE ONE OF THE
7 MOST FANTASTIC THINGS ABOUT THIS WHOLE ENTERPRISE.

8 I THINK THE CONFLICTS OF INTEREST ISSUE
9 HAS ALWAYS BEEN COLORED BY, FIRST OF ALL, I THINK A
10 BIT OF MISUNDERSTANDING SINCE HALF -- AND I HOPE IT
11 GOES UP. I HOPE WE INCLUDE THE DEAN OF THE
12 UNIVERSITY OF CALIFORNIA AT RIVERSIDE, WHICH NOW HAS
13 A MEDICAL SCHOOL, AUTOMATICALLY ONTO THE BOARD, BUT
14 HALF OF THEM ARE UC. CONFLICT OF INTEREST BETWEEN
15 THE STATE OF CALIFORNIA AND THE STATE OF CALIFORNIA
16 IS IRRATIONAL. I DON'T EVEN THINK, MR. TOCHER COULD
17 ELABORATE ON THIS, BUT I DON'T THINK THE STATE
18 NECESSARILY RECOGNIZES THE CONFLICT OF INTEREST
19 BETWEEN TWO STATE INSTITUTIONS. WE ALL HAVE A
20 COMMON MISSION TO ADVANCE THE CAUSE OF THE PEOPLE OF
21 CALIFORNIA.

22 I AGREE WITH DR. PRIETO, THAT WE NEED TO
23 HAVE A DEEPER DISCUSSION ABOUT THIS. THERE HASN'T
24 BEEN A PROBLEM. ALL OF US WORKING TOGETHER HAS BEEN
25 A GREAT BENEFIT TO THIS INSTITUTION. AND REALLY I

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1 FEEL LIKE WE MISSED SOMETHING. I LOOK AROUND THE
2 TABLE AND I CAN SEE THE DIFFERENCE IN TERMS OF
3 RELATIONSHIP BETWEEN MEMBERS WHO WERE BEFORE AND
4 MEMBERS WHO WERE HERE AFTERWARD. I REALLY ENJOYED
5 THE RELATIONSHIPS THAT DEVELOPED AMONGST BOARD
6 MEMBERS HAVING VERY VIGOROUS SOMETIMES DEBATES OVER
7 APPLICATIONS AND BRINGING OUR PERSPECTIVES TOGETHER.
8 AND JUST I THINK THAT WE'VE LOST SOMETHING VERY
9 VALUABLE IN TERMS OF COHESION, IN TERMS OF
10 INVOLVEMENT FROM ALL OF OUR BOARD BECAUSE AT THE END
11 OF THE DAY WE'RE A FUNDING AGENCY. AND IF A PORTION
12 OF THE BOARD CANNOT PARTICIPATE IN THOSE DECISIONS
13 ACROSS THE BOARD, IT KIND OF REALLY REDUCES THEM TO
14 SECOND TIER STATUS. I FEEL LIKE THAT IF THAT
15 HAPPENED TO PATIENT ADVOCATES, I'D BE HORRIFIED.

16 AND THE OTHER POINT I'D LIKE TO MAKE IS
17 THAT THE IOM DID RECOMMEND THE SAME PROHIBITIONS ON
18 PATIENT ADVOCATES, AND WE REFUSED TO GO ALONG WITH
19 THAT. SO IF IT'S GOOD FOR A GOOSE, IT'S GOOD FOR
20 THE GANDER. I THINK WE NEED TO STAND UP AND SAY WE
21 ALL COME HERE WHERE WE'RE NOT GOING TO VOTE ON
22 ANYTHING THAT DIRECTLY AFFECTS OUR INSTITUTION, BUT
23 WE CAN COME MORE GENERALLY BECAUSE THE REASON WE ARE
24 HERE IS THE MISSION OF CIRM, CURES, CURES THAT WILL
25 BENEFIT PEOPLE SUFFERING FROM LIFE-THREATENING

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1 DISEASES AND CONDITIONS.

2 MR. TORRES: THANK YOU, JEFF. YES,
3 DOCTOR.

4 DR. SANDMEYER: SO I'M AT THE HISTORICAL
5 PERSPECTIVE, AND NOW I'VE BEEN DECLARED CONFLICTED,
6 BUT I DON'T FULLY APPRECIATE WHY CIRM DECIDED THAT
7 IT HAD TO DIVERGE FROM WHAT'S BEEN THE LONG-STANDING
8 FEDERAL GRANT REVIEW PROCESS WHERE INSTITUTIONS THAT
9 ARE INVOLVED, ARE DIRECTLY INVOLVED IN THE
10 SCIENTIFIC REVIEW OF GRANTS. IT'S ALWAYS BEEN THE
11 CASE THAT ACADEMIC INSTITUTIONS WHO QUALIFY FOR
12 GRANT FUNDING ARE INVOLVED DIRECTLY IN THE
13 SCIENTIFIC REVIEW PROCESS. SO I GUESS THAT'S MY
14 QUESTION.

15 MR. TORRES: I THINK SOME OF US MAY HAVE
16 TO REREAD THE IOM'S MESSAGE.

17 CHAIRMAN THOMAS: THE SIMPLE ANSWER IS
18 THE -- SO WE ASKED FOR THE IOM TO REVIEW US,
19 SPECIFICALLY BOB DID BACK IN WHATEVER YEAR IT WAS,
20 2006, MAY HAVE BEEN A LITTLE LATER THAN THAT BECAUSE
21 THE REPORT WAS DECEMBER OF '12.

22 MR. TORRES: IT WAS AFTER '09 BECAUSE I
23 WAS HERE.

24 CHAIRMAN THOMAS: WE ASKED FOR THEM --
25 THEY'RE SORT OF THE GOLD STANDARD OBVIOUSLY OF

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1 REVIEWERS. AND THEY CAME BACK WITH VERY
2 UNAMBIGUOUS, STRONG LANGUAGE ABOUT THE CONFLICTS OF
3 INTEREST AND HOW THAT WAS A REAL PROBLEM THAT NEEDED
4 TO BE ADDRESSED. SO OUR CHOICES AT THE TIME WERE
5 IGNORE THEM, EVEN THOUGH WE ASKED FOR THEIR INPUT --

6 MR. TORRES: AND PAID FOR IT.

7 CHAIRMAN THOMAS: -- AND PAID FOR IT, OR
8 TO DO SOMETHING ABOUT IT IN A WAY THAT CHANGED THE
9 DYNAMICS THAT WOULD KNOCK OUT EVEN THE PERCEPTION OF
10 CONFLICTS. AS I SAY, THE ONE THING THAT IT
11 PRECLUDED WAS VOTING. IT DID NOT PRECLUDE FULL
12 PARTICIPATION IN THE DISCUSSION ABOUT ANYTHING
13 UNLESS IT WAS YOUR OWN INSTITUTION BEING DISCUSSED.
14 THE FACT THAT IT PRECLUDED THE VOTING, NONETHELESS,
15 KEPT SOME OF THE MEMBERS FROM ATTENDING AS MUCH AS
16 THEY DID. THAT WAS THE HISTORY. THAT'S WHY WE
17 DECIDED TO DO SOMETHING BECAUSE WE REALLY TOOK A
18 MAJOR HIT IN THE PRESS ALL OVER THE STATE WHEN THAT
19 IOM REPORT CAME OUT.

20 AND WE IMMEDIATELY GOT A REHABILITATED,
21 ALMOST REVERSE RESPONSE ALL OVER THE STATE WHEN WE
22 CAME OUT WITH THE RECOMMENDED CHANGES. SO THAT'S A
23 BIT MORE OF A HISTORY.

24 DR. STEWARD: JUST MAYBE TO POINT OUT, I
25 THINK THERE ARE TWO ISSUES HERE: WHAT WE DO FOR THE

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1 REST OF THE LIFETIME OF CIRM 2.0 AND WHAT HAPPENS
2 WITH THE NEW INITIATIVE. JUST TO POINT OUT, WE
3 DON'T REALLY HAVE ANY INPUT DIRECTLY INTO WHAT GOES
4 INTO THE NEW INITIATIVE. WE COULD, IF WE WISHED,
5 EXPRESS AN OPINION. I DON'T NECESSARILY THINK THAT
6 THIS MATTER WOULD BE THE ONLY THING THAT WE WOULD
7 WANT TO EXPRESS AN OPINION ON SHOULD WE CHOOSE TO DO
8 SO. BUT JUST TO POINT OUT, THERE ARE TWO THINGS.
9 ONE IS DOING SOMETHING NOW FOR THE REST OF THAT TIME
10 WE ARE HERE, AND THEN REALLY THE OTHER IS OUT OF OUR
11 HANDS EXCEPT IN TERMS OF MAKING A RECOMMENDATION
12 SHOULD WE CHOOSE TO DO SO.

13 MR. TORRES: SO YOU'RE ADVOCATING THAT
14 PERHAPS WE SHOULD CONSIDER CHANGING BACK TO THE OLD
15 PATTERN BEFORE INITIATIVE?

16 DR. STEWARD: I'M JUST SAYING THERE'S TWO
17 THINGS, THAT'S ALL. I THINK THAT WE OUGHT TO MAYBE
18 TALK ABOUT EACH OF THOSE THINGS SEPARATELY RATHER
19 THAN HAVING A DISCUSSION THAT'S MIXING EVERYTHING UP
20 AT THE SAME TIME. THAT'S ALL.

21 MR. TORRES: WHAT I DO ANTICIPATE IS
22 OBVIOUSLY THIS HEARING IS PUBLIC NOW. WHATEVER
23 EMERGES IN OUR REPORT, WHICH WE'LL NOT VOTE ON, WILL
24 ALSO BE AVAILABLE TO THE PUBLIC; I.E., THE POTENTIAL
25 AUTHORS OF THE NEW INITIATIVE. SO I THINK THE

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1 MESSAGE WILL BE CLEAR AS TO WHAT THE INTENT IS OR
2 THE CONSENSUS IS ON MANY OF THESE ISSUES.

3 AND I THINK WE WERE CHARGED, WHAT, 700,000
4 BY IOM, 700,000 FOR A REPORT THAT WE REQUESTED TO
5 REVIEW US. I MIGHT ADD THAT THE HOUSE OF LORDS ALSO
6 CAME OUT TO SAN FRANCISCO TO REVIEW US AT NO COST
7 AND GAVE US AN INCREDIBLE REPORT. IN FACT, ONE OF
8 THE MEMBERS OF THE HOUSE OF LORDS COMMITTEE CAME OUT
9 TO CALIFORNIA WAS THE FIRST FEMALE HEAD OF THE JAMES
10 BOND AGENCY IN ENGLAND BECAUSE SHE'S NOW A MEMBER OF
11 THE HOUSE OF LORDS.

12 THEY WERE SO INTERESTED IN WHAT WE WERE
13 DOING AND HOW WE WERE PROGRESSING, THAT THEY DECIDED
14 TO COME OUT AND REVIEW US AT NO EXPENSE TO US OR THE
15 STATE OF CALIFORNIA. SO IT'S JUST ASTONISHING TO
16 ME. ENOUGH OF MY OPINIONS. ANY OTHER COMMENTS ON
17 THIS ISSUE? PUBLIC COMMENT.

18 DR. CHIU: THANK YOU. ARLENE CHIU FROM
19 CITY OF HOPE. I WONDERED IF IN THIS DELIBERATION,
20 WHICH IS AN IMPORTANT ONE, WHETHER YOU WANT TO
21 IDENTIFY THE BENEFITS OF HAVING THESE MEMBERS WHO
22 ARE NOT ALLOWED TO VOTE TO VOTE. IS THERE ANY
23 BENEFIT TO IT?

24 MR. TORRES: WHAT'S YOUR OPINION ON THAT?

25 DR. CHIU: I DON'T KNOW. I HAVEN'T

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1 FOLLOWED THE VOTING. I HEAR THAT THE PERCEPTION IS
2 REALLY WE'RE AFRAID THE PERCEPTION MIGHT BE BLOWN
3 UP, MAKING CIRM LOOK LIKE WE ARE NOT DEALING FAIRLY
4 WITH THE FUNDS THAT WE ARE STEWARDS OF. BUT DID WE
5 LOSE ANYTHING BY NOT HAVING THESE MEMBERS
6 PARTICIPATE? THAT'S ALL.

7 MR. TORRES: I THINK SOME OF THE COMMENTS
8 THAT WERE ARTICULATED EARLIER BY MR. JUELSGAARD AND
9 MR. SHEEHY CLEARLY POINTED TO THE BENEFITS THAT WE
10 LOST. I TOO CAN ASSOCIATE MYSELF WITH THOSE
11 COMMENTS BECAUSE IT BROUGHT A TREMENDOUS AMOUNT OF
12 KNOWLEDGE AND HISTORY AND ALSO A CAMARADERIE, WHICH
13 IS SO IMPORTANT WHEN WE'RE BRINGING PATIENT
14 ADVOCATES, SCIENTISTS, INDUSTRIALISTS, CORPORATE
15 INTERESTS, ACADEMICS ALL IN ONE ROOM. IT IS AN
16 ASTONISHING ACHIEVEMENT.

17 MR. SHEEHY: MAYBE A DATA POINT FOR DR.
18 CHIU. WHEN WAS THE LAST TIME WE WENT INTO CLOSED
19 SESSION TO DISCUSS AN APPLICATION? WHEN WE HAD THE
20 ACADEMIC MEMBERS WHO REALLY WOULD DIVE INTO THE
21 SCIENCE, WE WOULD DO THAT ROUTINELY. VIRTUALLY
22 EVERY TIME WE REVIEWED A GRANT, WE WOULD GO INTO
23 CLOSED SESSION. AND SO INEVITABLY WHAT WE DO IS WE
24 UNDERMINE ONE OF THE KEY PROTECTIONS FOR OUR PEER
25 REVIEW PROCESS AT THE GRANTS WORKING GROUP.

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1 NOW, THAT IS IN CLOSED SESSION AND IS A
2 ROUTINE WITHIN THE SCIENTIFIC WORLD. WHEN WE FIRST
3 STARTED TO OPERATIONALIZE THIS, WHICH, BY THE WAY,
4 WAS PERMITTED EXPLICITLY IN PROP 71 BECAUSE WE DO
5 HAVE RULES IN CALIFORNIA THAT SAY ALL MEETINGS HAVE
6 TO BE OPEN TO THE PUBLIC, WE EXCLUDED IN PROP 71 THE
7 GRANTS WORKING GROUP AND THE STANDARDS WORKING
8 GROUP. WE PUSHED THE STANDARDS WORKING GROUP, WHICH
9 WERE DEALING WITH ETHICAL ISSUES, TO ACTUALLY BE
10 PUBLIC WHICH WAS CONTRARY TO THE NATIONAL ACADEMY OF
11 SCIENCES AND THEIR REVIEW OF STEM CELL ETHICS RULES.
12 AND WE FOUND OUT THAT THAT WAS MUCH MORE PRODUCTIVE,
13 AND WE HAD ZERO CONTROVERSY IN CALIFORNIA, UNLIKE
14 WHAT HAPPENED IN WASHINGTON AS WE WERE IMPLEMENTING
15 THE FIRST PRACTICAL RULES FOR DOING EMBRYONIC STEM
16 CELL RESEARCH IN THE COUNTRY BECAUSE IT WAS ALL OPEN
17 TO THE PUBLIC.

18 OPPONENTS GOT TO COME AND HAVE THEIR SAY
19 AND GOT TO HEAR WHAT WE HEARD. BUT SCIENTIFIC
20 FUNDING BY PRACTICE, AND I THINK I'M CONVINCED BY
21 NECESSITY, NEEDS TO TAKE PLACE IN PRIVATE. THE ONLY
22 WAY WE CAN ENSURE THE PRIVACY OF THE GRANTS WORKING
23 GROUP IS THAT THE ACTUAL DECISIONS, WHICH MUST BE IN
24 PUBLIC, ARE TAKEN BY THE BOARD. AND THE ONLY WAY TO
25 ENSURE THAT IS IF WE HAVE VIGOROUS DEBATE AT THE

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1 BOARD. AND WITHOUT THE SCIENTIFIC ACUMEN OF THE
2 INSTITUTIONAL MEMBERS, OUR DEBATES ARE REALLY NOT
3 QUITE WHERE THEY WERE. IN FACT, THEY'RE
4 SUBSTANTIALLY LESS THAN WHAT THEY WERE. AND THAT
5 DOES, OVER THE LONG COURSE OF A REFUNDED CIRM,
6 THREATEN, I THINK, THE ABILITY TO KEEP THE GRANTS
7 WORKING GROUP DELIBERATIONS SECRET BECAUSE THEY END
8 UP BEING THE DE FACTO DECISION MAKERS BECAUSE WE
9 DON'T UTILIZE THE FULL REPERTOIRE OF BRAIN POWER
10 THAT WE HAVE TO BEAR ON THE ISSUE, ESPECIALLY THOSE
11 MOST EXPERIENCED IN THE SCIENCE. I THINK A LOT OF
12 THE INDUSTRY FOLKS ARE AT THAT SAME LEVEL, BUT WE
13 LOSE A LOT OF THE BOARD, AND A LOT OF THE PATIENT
14 ADVOCATES ARE VERY SOPHISTICATED IN SCIENCE, BUT
15 STILL THE PEOPLE WHO HAVE -- THE INSTITUTIONAL
16 PEOPLE JUST ADDED THAT EXTRA BIT THAT LED TO SOME
17 EXTRAORDINARILY ROBUST DISCUSSIONS THAT WE SIMPLY
18 DON'T HAVE ANYMORE.

19 DR. JUELSGAARD: I THINK JEFF REALLY SAID
20 A LOT OF WHAT I WOULD SAY. I THINK FOR ME IT BOILS
21 DOWN TO PARTICIPATION. AND I KNOW, J.T., YOU
22 INDICATED THAT THE NONVOTING MEMBERS COULD STILL
23 SPEAK UP, THEY JUST COULDN'T VOTE. TO BE QUITE
24 HONEST WITH YOU, I DON'T REMEMBER THE LAST TIME ONE
25 OF THE NONPARTICIPATING MEMBERS DID SPEAK UP -- THIS

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1 IS JUST ECHOING WHAT JEFF SAID -- AND I CAN
2 UNDERSTAND THAT. IF YOU DON'T HAVE A STAKE IN THE
3 VOTING, WHY GO TO ANY EFFORT TO MAKE ANY COMMENT?
4 IT'S JUST HARDLY WORTH IT IF YOU DON'T HAVE ANYTHING
5 THAT'S GOING TO MAKE A DIFFERENCE.

6 I THINK WE'VE LOST IN PARTICIPATION OF
7 SOME VERY VALUABLE PEOPLE WHOSE INSIGHTS I TRULY
8 RESPECTED, AND I THINK WE'RE SEEING THAT AT THE
9 PARTICIPATION AT THESE BOARD MEETINGS BOTH IN TERMS
10 OF PERSONAL PARTICIPATION THAT IS SHOWING UP OR
11 BEING ON THE PHONE, BUT ALSO IN DISCUSSION AROUND
12 APPLICATIONS. SO FOR ME THAT'S BEEN A BIG LOSS.

13 THIS HAS BEEN, AS I LOOK BACK ON IT, A BIT
14 OF AN EXPERIMENT FROM MY POINT OF VIEW. ALL RIGHT.
15 WELL, THEN LET'S JUST TRY THIS APPLICATION REVIEW
16 SUBCOMMITTEE AND SEE HOW IT ALL GOES AS OPPOSED TO A
17 DEFINITIVE FIX. AND FROM MY POINT OF VIEW, I WOULD
18 END THE EXPERIMENT AND GO BACK TO THE WAY THINGS
19 WERE IF I COULD WAVE THE MAGIC WAND.

20 MR. TORRES: THANK YOU, ANY OTHER COMMENTS
21 ON THIS ISSUE? MR. TOCHER.

22 DR. MARTIN: I'M CONCERNED THAT WE ARE IN
23 A VULNERABLE POSITION FOR THE 2.0, THAT PERCEPTION
24 OF THE PERCEPTION OF A COI COULD REALLY DAMAGE US.
25 I THINK, AS J.T. SAID, AND I THINK THAT MOST

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1 IMPORTANT RIGHT NOW TO THE FIELD AND TO CALIFORNIA
2 IS TO GET THIS 2.0 FUNDED. AND I WORRY ABOUT THAT
3 VULNERABILITY. WE ARE BEING RATIONAL. THE VOTERS
4 AND THE PRESS WILL NOT BE RATIONAL ABOUT THIS, AND
5 YOU CAN ALMOST BE GUARANTEED OF THAT JUST BECAUSE OF
6 THE HISTORY, I'M AFRAID.

7 MR. TORRES: I HAVE A LITTLE MORE
8 CONFIDENCE IN THE VOTERS, AND I PRAY FOR THEM EVERY
9 DAY. ANY OTHER COMMENTS?

10 DR. MARTIN: MOST EFFECTIVE THING YOU
11 COULD DO.

12 MR. TORRES: ANY OTHER COMMENTS ON THIS
13 ISSUE?

14 DR. PRIETO: FOURTEEN YEARS AGO THE VOTERS
15 WERE PRETTY RATIONAL AND HOPEFUL, AND I THINK WE
16 GAVE THEM REASON TO HOPE. THAT WOULD BE THE KEY
17 PART OF ANY CAMPAIGN.

18 DR. MALKAS: EVEN MORE NOW WITH THE TRACK
19 RECORD OF HOPE.

20 MR. TORRES: ALL RIGHT. MR. TOCHER.

21 MR. REED: I REMEMBER DISTINCTLY IT'S BEEN
22 AN IMPORTANT ISSUE, AND I THOUGHT THAT J.T. WAS
23 SMART TO SAY, ALL RIGHT, WE'RE GOING TO TAKE THIS
24 BOLD STEP. AND HE DID AND THERE WAS A SMALL, BUT
25 REAL COMMENT IN RETURN FROM IOM. THEY BASICALLY

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1 SAID, WELL, THAT'S OKAY, BUT THEY WEREN'T
2 ENTHUSIASTIC. AND ALSO I'VE NOTICED A LOT OF
3 NEWSPAPER REPORTS ABOUT THE POSSIBILITY OF CIRM
4 COMING BACK AGAIN. IN ALMOST EVERY ONE OF THEM, THE
5 OPPONENTS MENTION THAT THEY ARE NOT SOLVED. THEY'RE
6 NOT HAPPY WITH IT. THOSE WHO WERE OPPOSED TO US
7 BEFORE WILL BE OPPOSED TO US AGAIN.

8 I ALSO REALLY WANT TO HAVE THE EXPERTISE
9 THAT WE HAVE ON THIS BOARD TO BE FULL FREE. FOR
10 INSTANCE, DR. STEWARD IS ONE OF THE MOST BRILLIANT
11 MEN IN SPINAL CORD INJURY IN THE WORLD, BUT I CAN'T
12 REMEMBER THE LAST TIME HE ACTUALLY SAID SOMETHING
13 ABOUT SPINAL CORD INJURY BECAUSE HE'S BEING CAREFUL
14 AND CAUTIOUS. I THINK WE HAVE GONE TOO FAR THE
15 OTHER WAY AND THAT WE SHOULD CONSIDER GOING BACK.

16 MR. TORRES: THANK YOU. ANY OTHER PUBLIC
17 COMMENT AT ANY OF OUR SITES? THERE BEING NONE,
18 MR. TOCHER.

19 MR. TOCHER: I'LL TRY TO FIND SOMETHING
20 THAT SPARKS A LITTLE MORE CONVERSATION.

21 THIS IS INSPIRED BY A SUGGESTION AND
22 OBSERVATION BY MEMBER SHEEHY.

23 MR. TORRES: ON THIS POINT, I THINK IT'S
24 SELF-EXPLANATORY, BUT I THINK IT'S IMPORTANT FOR
25 DR. MILLAN TO INDICATE WHAT WE HAD DISCUSSED AT THE

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1 HEARING, THAT TO TAKE AN ALTERNATIVE PATH, IF THAT'S
2 OKAY WITH YOU.

3 MR. TOCHER: ALTERNATIVE PATH TO?

4 MR. TORRES: TO RECOMMENDATIONS.

5 MR. TOCHER: I HAVE THAT INDICATED THERE.

6 MR. TORRES: RIGHT. YOU INDICATED THAT,
7 AND I WANTED DR. MILLAN TO RESPOND TO THAT.

8 DR. MILLAN: I THINK THE BOARD
9 APPROPRIATELY HAS TAKEN THIS UP AS A CONSIDERATION
10 FOR COMMENT AND REFLECTION. AS YOU MAY RECALL, THIS
11 BOARD APPROVED THE CONCEPT FOR A PUBLIC PRIVATE
12 PARTNERSHIP INITIATIVE UNDER DR. MILLS, MY
13 PREDECESSOR. THE PURPOSE OF THAT WAS TO STIMULATE
14 AND ACCELERATE A PARTNERSHIP WITH INDUSTRY TO BRING
15 OUR PROGRAMS TO COMMERCIALIZATION.

16 MANY OF YOU WERE INVOLVED. WE'VE DRAWN
17 EXPERTISE BOTH FROM THIS BOARD AS WELL AS EXTERNAL
18 ADVISORS IN TERMS OF THE BEST STRUCTURE FOR THIS.
19 WE CAME UP WITH AN EXTREMELY CREATIVE STRUCTURE; BUT
20 DESPITE ALL OF THAT, WHAT CAME IN OUR WAY IS THAT
21 CIRM CANNOT HOLD EQUITY. AND WHAT HAPPENED WAS THAT
22 MOST PARTNERSHIPS WITH INDUSTRY IN THE PRIVATE
23 SECTOR REALLY, THAT COMPONENT IS SOMETHING THAT'S
24 FUNDAMENTAL TO DEAL STRUCTURES. SO THAT, IN SHORT,
25 GOT IN OUR WAY, AND WE HAD THE CONCEPT APPROVED. WE

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1 HAD A LOT OF INTEREST ACTUALLY FROM POTENTIAL
2 INDUSTRY PARTNERS; HOWEVER, WHAT GOT IN THE WAY IS
3 THAT WE NEEDED TO STRUCTURE THIS TO GET AROUND THIS
4 ISSUE OF CIRM NOT ACTUALLY BEING ABLE TO OWN EQUITY.

5 SO WE CREATED A STRUCTURE THAT REQUIRED,
6 IT WAS VERY COMPLEX, WHICH INCORPORATED A DEBT KIND
7 OF ENGINE, AND THAT WOULD BE CONVERTED ONCE THINGS
8 PANNED OUT. SO THAT, I THINK, WAS A GENESIS FOR
9 THIS DISCUSSION.

10 IN THE COURSE OF THE FUND-RAISING EFFORTS
11 AND DISCUSSION, J.T., OUR CHAIRMAN, HAD MET WITH
12 MANY DIFFERENT STAKEHOLDERS. AND THERE ARE SOME
13 MODELS OUT THERE FOR PUBLIC PRIVATE PARTNERSHIPS,
14 AND THE FEEDBACK THAT WE GET BACK IS IT'S JUST TOO
15 BAD THAT CIRM WASN'T ABLE TO HAVE THIS EQUITY
16 POSITION IN OUR PROGRAMS THAT COULD BENEFIT THE
17 WHOLE EFFORT BY BEING ABLE TO DRAW ON SUCCESS OF
18 THESE PROGRAMS TO BRING IT BACK AND FUND OTHER
19 RESEARCH PROGRAMS. AND THERE ARE OTHER ENTITIES OUT
20 THERE, NONPROFIT AGENCIES, THAT HAVE BEEN ABLE TO
21 BENEFIT ONCE ONE OF THEIR PROGRAMS WENT INTO THE
22 COMMERCIAL SPACE AND BECAME A SUCCESS. SO THAT'S
23 KIND OF THE BACKDROP TO THIS DISCUSSION.

24 MR. TORRES: SO YOUR INTENT IS TO PURSUE
25 THIS ISSUE INTERNALLY, AT LEAST FOR THE TIME BEING,

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1 AS WE MOVE FORWARD, BUT I WANTED TO GIVE OPPORTUNITY
2 FOR JEFF, SINCE HE'S THE ONE WHO SUGGESTED IT TO BE
3 PLACED ON THE AGENDA, TO GIVE US YOUR OPINIONS.

4 MR. SHEEHY: THANK YOU, SENATOR TORRES. I
5 WAS REALLY LOOKING AT THE ATP PARTNERING INITIATIVE
6 AND THAT EXPERIENCE. ALSO, WHEN WE WERE DEVISING
7 OUR A LOAN PROGRAM, WHICH WAS FRANKLY NOT A
8 SUCCESSFUL PROGRAM, IN BOTH INSTANCES WE WERE
9 HAMPERED BECAUSE, ESPECIALLY FOR SMALL COMPANIES,
10 WHICH IS TYPICALLY WHO WE WOULD BE PARTNERING WITH,
11 DEBT IS ANATHEMA; WHEREAS, EQUITY, THEY CAN HAND
12 OUT. AND THINGS DON'T GO WELL, WELL, THAT'S EQUITY,
13 BUT DEBT HAS TO BE REPAYED, HAS TO BE CARRIED ON
14 THEIR BALANCE SHEETS, AND ALSO AFFECTS THEIR ABILITY
15 TO OBTAIN FUTURE FUNDING. SO THAT'S POISON.

16 AND REFLECTING THAT, NO. 1, I DO THINK THE
17 WORK THAT WE ARE DOING HAS THE POTENTIAL TO PRODUCE
18 REVENUE. I THINK THAT'S CLEAR. AND SO TO MAKE SURE
19 THAT WE CAN CAPTURE THAT REVENUE, NOT JUST SO THAT
20 CIRM CAN GET FUNDING THROUGH THIS MECHANISM, BUT
21 ALSO SO WE CAN GIVE A REAL RETURN TO THE STATE.
22 EQUITY GIVES US THAT OPPORTUNITY TO SEE HUGE
23 MULTIPLES OF RETURN. THEY'RE RARE, BUT I THINK WITH
24 THE INVESTMENTS THAT CIRM, BOTH THIS ITERATION, BUT
25 CERTAINLY IN THE SECOND ITERATION, IT WOULD BE GREAT

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1 TO CAPTURE THAT AND LET THE VOTERS SEE THAT WE ARE
2 REALLY PRODUCING REAL RETURNS FOR THEM, JUST ONE
3 PRODUCT.

4 I THINK ABOUT THE FOLKS WHO DEVELOPED, IF
5 YOU'RE IN THE HEPATITIS C SPACE AND YOU KNOW GILEAD
6 HAS MAYBE THE BEST SELLING COMBINATION DRUG. ONE OF
7 THE DRUGS IN THE COMBINATION WAS DEVELOPED IN A
8 RESEARCH SETTING AND THEN WENT TO A SMALL BIOTECH,
9 WHICH WAS SOLD FOR LIKE 10 TO \$15 BILLION. ONE OF
10 THOSE, I THINK, WOULD BE A VERY CLEAR INDICATION TO
11 THE VOTERS OF THE VALUE WE ARE CREATING. IN ORDER
12 TO CAPTURE THAT VALUE, WE HAVE TO BE PART OF THAT
13 GAME, AND WE CAN'T BE PART OF THAT GAME UNLESS WE
14 CAN HOLD EQUITY.

15 SO THAT'S THE DILEMMA. AND THE
16 CONSTITUTION OF THE STATE OF CALIFORNIA SAYS THAT
17 THE STATE CAN'T HOLD EQUITY, AS I UNDERSTAND IT.

18 CHAIRMAN THOMAS: RIGHT.

19 MR. TORRES: MR. JUELSGAARD, YOU WERE VERY
20 CONTEMPLATIVE. I DIDN'T KNOW IF YOU HAD A RESPONSE.

21 DR. JUELSGAARD: NO. DURING THIS MEETING
22 THAT WE HAD, THE GOVERNANCE AND SCIENCE COMMITTEE,
23 IT'S VERY COMMON THESE DAYS. I HAD TWO RECENT
24 EXPERIENCES, ONE WITH STANFORD AND ANOTHER WITH
25 UCSF. BEING LICENSING INSTITUTIONS, THAT IS

1 LICENSING OUT TECHNOLOGY THAT THEY HAD, AND IN BOTH
2 INSTANCES BOTH ORGANIZATIONS RETAINED EQUITY AS PART
3 OF THAT LICENSING ARRANGEMENT.

4 SO I CAN'T SPEAK FOR OTHER INSTITUTIONS IN
5 THE STATE, BUT CERTAINLY THOSE TWO DO THAT AS A
6 MATTER OF PRACTICE. SO I'M A LITTLE CONFUSED WHY
7 UCSF, WHICH I THINK HAS SOME RELATIONSHIP TO THE
8 STATE, IS ABLE TO ENGAGE IN THAT KIND OF PRACTICE
9 AND WE ARE PRECLUDED. SO I'M NOT QUITE SURE I
10 UNDERSTAND THE BASIC WORKINGS OF THE LAW.
11 NONETHELESS, I AGREE WITH JEFF. IT WOULD BE, I
12 THINK, VERY WORTHWHILE TO HAVE THAT ABILITY AND TO
13 FIX WHATEVER NEEDS TO BE FIXED IN ORDER FOR THAT TO
14 TAKE PLACE.

15 MR. TOCHER: MR. JUELSGAARD RAISES A GOOD
16 POINT. THE CONSTITUTION MAKES SORT OF TWO
17 EXCEPTIONS TO THAT RULE GENERALLY. ONE IS THE
18 UNIVERSITY OF CALIFORNIA CREATES IT AS A PUBLIC
19 TRUST AND CREATES ALL SORT OF GOVERNING AUTHORITY
20 AND POWER AND VESTS IT WITH THE UC REGENTS. AND SO
21 IT DERIVES ITS AUTHORITY TO ENTER IN SUCH
22 TRANSACTIONS IN THAT WAY.

23 THE OTHER IS CALPERS, OF COURSE, AND OTHER
24 PUBLIC EMPLOYEE RETIREMENT FUNDS, WHICH ALSO ARE
25 EXPRESSLY EXEMPTED FROM THE GENERAL PROHIBITION

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1 AGAINST HOLDING STOCK.

2 MR. TORRES: SO IT WOULD REQUIRE SEPARATE
3 LEGISLATION IF IT WERE NOT INCLUDED IN THE
4 INITIATIVE TO PROCEED ALONG THESE LINES.

5 MR. TOCHER: IT WOULD REQUIRE A
6 CONSTITUTIONAL AMENDMENT.

7 MR. TORRES: RIGHT. REQUIRE A
8 CONSTITUTIONAL AMENDMENT, WHICH IS WHY IF WE WERE TO
9 THINK OF THIS CONCEPT IN RECOMMENDING IT BE PLACED
10 IN THIS INITIATIVE FOR 2020, THAT WOULD MEAN THAT
11 THE AUTHORS HAVE TO COLLECT 900,000 SIGNATURES AS
12 OPPOSED TO 600,000 SIGNATURES TO QUALIFY FOR THE
13 BALLOT SINCE IT WOULD BE A CONSTITUTIONAL AMENDMENT,
14 NOT A GENERAL STATUTE. AM I CORRECT?

15 MR. TOCHER: THAT'S CORRECT.

16 CHAIRMAN THOMAS: SO JUST FOR THE FULL
17 BOARD'S CLARIFICATION, WHEN WE ARE TALKING ABOUT
18 ABILITY TO HOLD EQUITY, IS THAT CIRM HOLDS EQUITY AS
19 A MEANS OF GENERATING EVERGREENING REVENUE FOR CIRM
20 TO PUT OUT FURTHER MONEY, OR IS IT HOLDING EQUITY ON
21 BEHALF OF THE STATE'S GENERAL FUND WHERE EQUITY
22 RETURNS WILL GO BACK TO THE GENERAL FUND?

23 MR. SHEEHY: MY POSITION IS THAT WE SHOULD
24 ACHIEVE BOTH. I DO THINK, BECAUSE WE HAVE OBTAINED
25 BOND FUNDING THAT IS BEING REPAID OUT OF THE GENERAL

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1 FUND, THAT WE HAVE AN OBLIGATION TO RETURN FUNDING
2 TO THE GENERAL FUND. BUT I ALSO THINK THAT THIS
3 INSTITUTION HAS VALUE, AND WE'VE DEMONSTRATED OUR
4 VALUE. SO A CONTINUED SOURCE OF FUNDING FOR THIS
5 INSTITUTION IS ALSO IMPORTANT. SO I WOULD SEEK TO
6 ACHIEVE BOTH GOALS IN SOME PROPORTION.

7 MR. TORRES: ROYALTIES.

8 MR. SHEEHY: IT'S JUST A QUESTION OF
9 PROPORTION.

10 DR. MALKAS: IN A WAY COULDN'T YOU FOLD
11 THIS IN AS A SUSTAINABILITY MODEL?

12 MR. TORRES: SORRY, DOCTOR. I HAVE TO
13 INTRODUCE YOU TO SPEAK. DR. MALKAS.

14 DR. MALKAS: COULDN'T WE PUT THIS IN AS
15 THE LANGUAGE AROUND IT BEING A SUSTAINABILITY MODEL?
16 SO IN A WAY THIS STATE IS WINNING, SO THEY PUT THEIR
17 INITIAL INVESTMENT IN, BUT THE CIRM IS KEEPING
18 ITSELF ALIVE.

19 MR. TORRES: I THINK THAT'S A FUTURE
20 DISCUSSION WHICH NEEDS TO TAKE PLACE. I DON'T
21 THINK -- IF THAT'S WHAT YOU SUGGEST TO THE AUTHORS,
22 THEN YOU'RE GOING TO HAVE TO COME UP WITH ANOTHER 3
23 MILLION TO COLLECT 300,000 MORE SIGNATURES. THAT'S
24 THE PROBLEM.

25 MR. SHEEHY: CAN I JUST MAKE A POINT TO

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1 THAT? I THINK PART OF IT HAS TO DO WITH THE GENESIS
2 OF CIRM AND PROP 71, WHICH EXPLICITLY PROMISED A
3 RETURN TO THE STATE. IF YOU LOOK AT OUR
4 INTELLECTUAL PROPERTY POLICIES, THEY'RE VERY
5 SPECIFIC, THAT THE ATTACHMENTS WE DO HAVE ON IP
6 THAT'S GENERATED RETURNS TO THE STATE. SO THE ONLY
7 TIME WE'VE EVER BEEN ABLE TO CONTEMPLATE TO CIRM A
8 DIRECT RETURN HAS BEEN IN THE CONTEXT OF LOANS AND
9 THEN WITH ATP3.

10 SO I THINK THE RETURN TO THE STATE HAS TO
11 BE A SIGNIFICANT PART OF WHATEVER RETURN WE GET, BUT
12 I ALSO THINK THAT IT DOES MAKE SENSE TO SUSTAIN CIRM
13 AND TO EVERGREEN IT.

14 MR. TORRES: THE OTHER OPTION, OF COURSE,
15 IS THAT, AS MANY OF YOU MAY KNOW, THERE ARE TWO WAYS
16 TO PROCEED AN INITIATIVE ON THE BALLOT. ONE,
17 THROUGH THE GATHERING OF SIGNATURES OR THROUGH THE
18 LEGISLATURE. AND THIS OTHER ALTERNATIVE THAT WE'RE
19 TALKING ABOUT NOW MIGHT BE A MINUTE CHANGE THAT
20 WOULD FIND FAVOR WITHIN THE LEGISLATIVE PROCESS AND
21 EASY TO GET ON THE BALLOT AS OPPOSED TO A WHOLE
22 INITIATIVE, WHICH HAS BEEN MY INTENT FROM THE
23 BEGINNING AS WE'VE HAD THIS DISCUSSION. LET'S AVOID
24 THIS IN 2020, BUT LET'S NOT AVOID IT AFTER WE WIN,
25 WHICH WE WILL, TO MOVE FORWARD ON THIS OTHER ISSUE

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1 WHICH WE CAN DO SO MUCH EASIER WITHIN THE
2 LEGISLATIVE PROCESS, AND I THINK WITH MUCH RECEPTION
3 THAT WOULD BE FAVORABLE TO US AND TO THE PEOPLE OF
4 CALIFORNIA.

5 DR. PRIETO: ARE YOU SUGGESTING THAT WE
6 DON'T SUGGEST TO THE AUTHORS THAT THIS BE PUT AS
7 PART OF AN INITIATIVE?

8 MR. TORRES: NO, I DO NOT THINK THAT WOULD
9 BE FAIR TO THE PEOPLE THAT ARE TRYING TO RAISE THE
10 MONEY TO COLLECT THE SIGNATURES AND THEN NOW PUTTING
11 AN ADDITIONAL HEAVIER BURDEN FOR MORE SIGNATURE
12 COLLECTION WHEN WE DON'T NEED TO DO THAT RIGHT NOW.

13 DR. PRIETO: SO WOULD YOU BE SUGGESTING AS
14 THIS LEGISLATIVE SOLUTION THAT THE LEGISLATURE PUT
15 FORWARD AN INITIATIVE ALL ENCOMPASSING TO SUPPORT
16 THE CONTINUED EXISTENCE OF CIRM --

17 MR. TORRES: NO.

18 DR. PRIETO: -- INCLUDING OR SEPARATELY TO
19 ADDRESS THIS ISSUE AFTER?

20 MR. TORRES: AFTER.

21 DR. PRIETO: I JUST WONDER. I REALIZE IT
22 WOULD CREATE --

23 MR. TORRES: 2020-2021 LEGISLATIVE SESSION
24 IF WE DECIDE, AFTER HAVING MORE DISCUSSION, IT'S NOT
25 GOING TO BE THE END OF OUR DISCUSSIONS ON THIS

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1 ISSUE, AFTER WE THINK THAT'S A GOOD IDEA, THEN WE
2 CAN APPROACH THE LEGISLATURE AND SAY WE'D LIKE FOR
3 YOU TO CONSIDER THIS CHANGE, BUT IT'S STILL A BIG
4 IF.

5 DR. PRIETO: I THINK IT'S CLEARLY A GOOD
6 IDEA. IT WOULD PUT A BURDEN ON THE INITIATIVE AND
7 SIGNATURE GATHERING; HOWEVER, IT WOULD ALSO CREATE A
8 VERY EXPLICIT POSITIVE OUTCOME IN THE EVENT THERE
9 WAS A SUCCESSFUL VOTE. AND IT WOULD PUT IT FORWARD
10 AS PART OF THE CAMPAIGN THAT WE'RE GOING TO BE, AND
11 BASED ON OUR EXPERIENCE, WE'RE GOING TO CREATE A
12 MECHANISM TO GUARANTEE THAT THESE THERAPIES THAT ARE
13 GOING FORWARD RETURN SOMETHING TO THE PEOPLE OF
14 CALIFORNIA.

15 MR. TORRES: THAT'S GOOD TO SAY. HAVING
16 RAISED MILLIONS OF DOLLARS AS CHAIRMAN OF THE
17 DEMOCRATIC PARTY, IT IS NOT EASY TO RAISE MONEY IN
18 THIS STATE AND CERTAINLY NOT EASY TO RAISE MONEY FOR
19 SIGNATURE GATHERING.

20 DR. BLUMENTHAL: I JUST WANT TO SECOND
21 WHAT MR. SHEEHY SAID A FEW MINUTES AGO, THAT WHEN
22 THIS PROPOSITION ORIGINALLY PASSED, THERE WAS A LOT
23 OF ADVERTISING TO THE EFFECT THAT THIS WOULD
24 STIMULATE THE ECONOMY IN CALIFORNIA BY GENERATING
25 NEW COMPANIES, NEW START-UPS, AND NEW TECHNIQUES.

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1 SO THAT CLEARLY DID MATTER TO THE VOTERS OF
2 CALIFORNIA.

3 I THINK THE POINT THAT YOU MAKE, SENATOR
4 TORRES, ABOUT THE DIFFICULTY OF DOING A
5 CONSTITUTIONAL AMENDMENT AS OPPOSED TO AN INITIATIVE
6 IS A REALLY GOOD ONE. I GUESS MY QUESTION IS ONE
7 THING WE HAVEN'T DISCUSSED IS THE POSSIBILITY OF
8 CREATING A SEPARATE ENTITY THAT COULD ACTUALLY HOLD
9 EQUITY THAT'S SEPARATE -- IT'S ONE OF THE BULLET
10 POINTS, BUT WE HAVE NOT DISCUSSED THAT YET IN THIS
11 DISCUSSION, AND I'D BE INTERESTED IN KNOWING IF
12 THAT'S A FEASIBLE WAY OF ACHIEVING THESE ENDS
13 WITHOUT NECESSARILY JUMPING THROUGH ALL OF THOSE
14 HOOPS.

15 MR. TORRES: JEFF, YOU WANTED TO RESPOND.

16 MR. SHEEHY: I BELIEVE, IF I'M CORRECT,
17 THE WAY WE LEFT THE COMMITTEE MEETING WAS THAT A
18 SMALL GROUP WOULD BE WORKING TO LOOK AT THAT
19 POSSIBILITY. AND ONE OF THE THINGS THAT I BROUGHT
20 UP IS POTENTIALLY PARTNERING IN SOME FASHION WITH
21 THOSE ENTITIES THAT CAN HOLD EQUITY, SPECIFICALLY
22 PERS, FOR INSTANCE, CAN HOLD EQUITY WHICH THE
23 TREASURER IS HEAVILY INVOLVED WITH. BUT TO ACTUALLY
24 CONTINUE TO WORK THIS IDEA TO SEE IF THERE'S A WAY
25 WE CAN DO IT WITHOUT HAVING TO MAKE ANY FORMAL

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1 CHANGES TO THE CONSTITUTION.

2 MR. TORRES: THAT'S WHAT I MENTIONED
3 EARLIER WHEN I HAD DR, MILLAN MAKE HER COMMENTS WAS
4 THAT WE WERE LOOKING AS A COMMITTEE TO AN
5 ALTERNATIVE PATHWAY TO GIVE US A MUCH MORE IN-DEPTH
6 REVIEW OF ALL THAT'S ON THE TABLE. AND NONE OF
7 THIS, OF COURSE, IS DEFINITIVE. IT'S STILL IN OUR
8 DISCUSSION STAGES.

9 ALL RIGHT. MR. TOCHER, MOVING RIGHT
10 ALONG. AND SPEAKING OF EQUITY, HERE IS THE NON
11 SEQUITUR THAT A STATE AGENCY CAN OWN AN OFFICE
12 BUILDING AS EQUITY, AND WE'RE GOING THROUGH THAT
13 RIGHT NOW BECAUSE MY OTHER HAT AS A MEMBER OF THE
14 COVER CALIFORNIA BOARD, WE'RE GOING THROUGH THAT
15 RIGHT NOW AND DISCUSSING WHAT BUILDINGS WE'RE GOING
16 TO BUY IN SACRAMENTO BECAUSE WE HAVE OUTPACED OUR
17 SIZE THERE ON EXPOSITION BOULEVARD. I THOUGHT, WAIT
18 A MINUTE, THE STATE AGENCY CAN OWN A BUILDING, BUT
19 WE CAN'T DO THIS FOR OUR PATIENTS. IT'S RIDICULOUS.
20 I'M SORRY, MR. TOCHER. I DIDN'T WANT TO TAKE ALL
21 YOUR --

22 MR. TOCHER: NOTHING TO ADD EXCEPT JUST A
23 REPORT FROM THE SUBCOMMITTEE, THAT THE NOTION HERE
24 IS TO SORT OF, GIVEN THE UNIQUE STRUCTURE OF CIRM
25 HAVING A VERY LIMITED ADMINISTRATIVE BUDGET THAT'S

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1 CAPPED AT 6 PERCENT AND GIVEN THE EXTRAORDINARY
2 COSTS THAT ARE ASSOCIATED WITH CIRM'S OFFICE SPACE
3 AND SUCH, WHICH CURRENTLY NOW COMES OUT OF OUR
4 ADMINISTRATIVE BUDGET, THE NOTION IS PERHAPS TO HAVE
5 THE NEW MEASURE TAKE THIS OUT OF THE ADMINISTRATIVE
6 BUDGET AND SEPARATELY ASCRIBE FUNDS TO ALLOW CIRM TO
7 OBTAIN HEADQUARTERS MOVING FORWARD AND NOT HAVE IT
8 BE PART OF THE BUDGET. THE SUBCOMMITTEE SEEMED
9 ENTHUSIASTIC.

10 MR. TORRES: AT THE END OF THE DAY, AS I
11 FOUND OUT IN OUR DISCUSSIONS WITH COVER CALIFORNIA,
12 PURCHASING BUILDINGS BY A STATE AGENCY IS A DIRECT
13 BENEFIT TO THE STATE AT THE END OF THE DAY BECAUSE
14 WE ARE MAINTAINING AN ASSET. YES, WE'RE MAKING
15 MORTGAGE PAYMENTS, BUT THE VALUE OF THAT PROPERTY IS
16 INCREASING, AND AT SOME POINT THAT PROPERTY MAY BE
17 SOLD. WHO'S TO BENEFIT, BUT THE TAXPAYERS. I THINK
18 THIS IS A VIBRANT DISCUSSION.

19 ANYTHING ELSE ON THIS ISSUE? ANY PUBLIC
20 COMMENT? ANY OF OUR SITES? MR. TOCHER.

21 MR. TOCHER: THE NEXT IS SURROUNDING OUR
22 ADMINISTRATIVE BUDGET -- WE'RE JUST GOING TO RESTART
23 THE PRESENTATION SO THAT YOU CAN FOLLOW ALONG
24 ONLINE.

25 LET ME JUST SUMMARIZE IT. THIS IS AN ITEM

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1 THAT PERTAINS TO CIRM'S ADMINISTRATIVE BUDGET. PROP
2 71 INITIALLY CAPPED CIRM'S FULL-TIME EMPLOYEES AT 50
3 AND ITS ADMINISTRATIVE BUDGET, AS I JUST MENTIONED,
4 AT 6 PERCENT OF THE BOND PROCEEDS. SUBSEQUENT
5 LEGISLATION INCREASED THE CAP ON THE NUMBER OF
6 FULL-TIME EMPLOYEES, BUT THE 6-PERCENT CAP REMAINS,
7 WHICH, OF COURSE, PLACES CHALLENGES ON CIRM'S
8 ABILITY TO FULFILL ITS ADMINISTRATIVE FUNCTION AND
9 MISSION.

10 ONE OF THE WAYS THAT THIS HAS COME TO PASS
11 IS WHEN CIRM ADMINISTERS ITS FUNDS, AS YOU KNOW,
12 WITH REGARD TO, FOR INSTANCE, OUR CLIN AND TRAN
13 PROGRAMS, MANY OF THESE PROGRAMS NOW ARE MILESTONE
14 DRIVEN, SO PAYMENTS ON PROGRAMS AREN'T MADE ALL AT
15 ONCE BUT UPON ACHIEVEMENT OF MILESTONES THAT ARE
16 ESTABLISHED BEFORE THE AWARD IS CONTRACTED. WHAT
17 THAT MEANS IS SOMETIMES THOSE AWARDS, IF THEY FAIL
18 TO REACH THOSE MILESTONES AND THE PROGRAM ENDS, CIRM
19 IS ALLOWED TO RECOVER THOSE FUNDS AND REDEPLOY THEM
20 TO NEW AWARDS. UNFORTUNATELY THE 6-PERCENT CAP
21 DOESN'T APPLY TO THOSE NEW, IN QUOTES, RECOVERED
22 FUNDS. NEVERTHELESS, THERE'S AN ADMINISTRATIVE
23 BURDEN THAT CONTINUES HAPPILY WITH US ABLE TO
24 REDEPLOY THOSE FUNDS.

25 ONE OF THE IDEAS WAS TO ALLOW AN

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1 ADDITIONAL 6 PERCENT OR SOME PERCENTAGE ON
2 REDEPLOYED AND RECOVERED FUNDS TO ENSURE THAT WE'RE
3 ABLE TO MAINTAIN THE NECESSARY INFRASTRUCTURE MOVING
4 FORWARD.

5 AND ANOTHER IDEA THAT CAME OUT OF THE
6 SUBCOMMITTEE AND THE DISCUSSION OF THIS ITEM WAS
7 ALSO HAVING, WHICH WOULD BE ALLOCATED OUT OF THE
8 RESEARCH BUDGET, WOULD BE A PERIODIC
9 SCIENTIFIC-BASED MEETING EVERY, SAY, THREE OR FOUR
10 YEARS THAT WOULD LOOK AT THE SCOPE OF THE CIRM
11 PORTFOLIO, THE STATE OF THE SCIENCE, AND DISCUSS HOW
12 AND WHAT AREA CIRM SHOULD BE FOCUSING ON IN THE
13 FUTURE. AND THAT SUCH A LARGE MEETING WOULD BE
14 APPROPRIATED FROM RESEARCH FUNDS AS OPPOSED TO OUR
15 ADMINISTRATIVE FUNDS.

16 MR. TORRES: COMMENTS?

17 MR. SHEEHY: I JUST WANTED TO MAKE ONE ON
18 THE 6 PERCENT. WHAT ARE WE RETURNING ON CLINICAL
19 GRANTS NOW, 10 TO 20 PERCENT COMES BACK? DO YOU
20 KNOW, DR. MILLAN?

21 DR. MILLAN: I'LL HAVE GABE THOMPSON
22 RESPOND TO THAT. IT'S BEEN BOUNCING AROUND -- GO
23 AHEAD.

24 MR. THOMPSON: IN RECENT YEARS IT'S BEEN
25 30 --

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1 MR. TORRES: IDENTIFY YOURSELF.

2 MR. THOMPSON: GABRIEL THOMPSON, VICE
3 PRESIDENT OF GRANTS AND OPERATIONS.

4 IT'S BEEN ABOUT 30 TO \$40 MILLION PER
5 CALENDAR YEAR THAT WE'VE BEEN GETTING. OBVIOUSLY
6 THAT NUMBER WILL GO DOWN AS WE ISSUE LESS AWARDS,
7 BUT IT'S SUBSTANTIAL.

8 MR. SHEEHY: SO WE'RE INTERNALLY
9 DISINCENTIVIZING CLOSING OUT THESE GRANTS BECAUSE WE
10 ARE ADDING TO THE WORKLOAD WITHOUT ADDING TO THE
11 ADMINISTRATIVE REIMBURSEMENT BECAUSE THE NEW MONEY
12 THAT COMES IN WHICH WE CAN REALLOCATE WE NO LONGER
13 CAN TAKE 6 PERCENT TO ADMINISTER THAT GRANT. SO
14 THIS IS A DEFECT.

15 I TALKED TO DR. MILLS ABOUT THIS A COUPLE
16 YEARS AGO WHEN WE WERE LOOKING AT WHERE WE WERE
17 HEADING AND THAT THE ADMINISTRATIVE PIECE IS CAPPED.
18 SO I THINK THIS WOULD BE A GREAT CHANGE TO MAKE.

19 MR. TORRES: ALL RIGHT. ANY OTHER
20 COMMENTS? ANY PUBLIC COMMENTS FROM OTHER SITES?
21 NO. THANK YOU.

22 DR. STEWARD: I'M JUST CURIOUS. I THINK
23 THIS 6-PERCENT NUMBER WAS SORT OF OUT OF THE HAT.
24 AND I'M JUST CURIOUS IF THAT NUMBER ACTUALLY MAKES
25 SENSE, LOOKING IN RETROSPECT, OR IS THAT SOMETHING

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1 THAT OUGHT TO ALSO BE DISCUSSED AS PART OF THIS?

2 MR. TORRES: ANYBODY HAVE AN ANSWER? WE
3 WILL TAKE THAT IN ABEYANCE. WE'LL TAKE IT UNDER
4 SUBMISSION, COUNSELOR. ANY OTHER COMMENTS ON THIS
5 ISSUE? MAKE IT QUICK NOW. WANT TO GET THIS OVER
6 WITH.

7 CHAIRMAN THOMAS: THANK YOU, SENATOR
8 TORRES.

9 I THINK IT WAS JUST SORT OF A RANDOM
10 NUMBER THAT BOB PICKED ORIGINALLY, WANTED TO MAKE IT
11 SOMETHING THAT WAS WAY BELOW THE NUMBERS THAT YOU
12 ARE USED TO SEEING IN TERMS OF ADMINISTRATIVE
13 BURDEN, WHICH ARE TYPICALLY 12 PERCENT OR WHATEVER.
14 I DON'T KNOW IF RAISING IT TO 7 PERCENT OR WHATEVER
15 WOULD MAKE A BIG DIFFERENCE. YOU'VE STILL GOT A BIG
16 DELTA THERE, AND THAT, OF COURSE, WOULD REALLY BE A
17 MATERIAL ADD TO HELP ON THE ADMINISTRATIVE SIDE IF
18 YOU DID SO. I DO THINK IT'S AN ISSUE THAT WARRANTS
19 FURTHER DISCUSSION.

20 MR. TORRES: ALL RIGHT.

21 MR. SHEEHY: I'LL MAKE IT QUICK. I THINK
22 WE'VE DONE WELL. I THINK THIS IS ONE OF THE MAJOR
23 SELLING POINTS FOR CIRM IS THAT WE'VE CREATED
24 IMPRESSIVE OUTCOMES. THE NIH IS NOW PARTNERING WITH
25 US USING OUR SYSTEMS THAT WE DEVELOPED AT MUCH LOWER

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1 COST PER DOLLAR EXPENDED THAN THEY DO. SO I DON'T
2 THINK THE AMOUNT THAT THEY SPEND ON ADMINISTRATION
3 COMPARES FAVORABLY TO OURS GIVEN OUR MRU WE JUST
4 SIGNED WITH THEM. I THINK THAT THAT IS A MAJOR
5 SELLING POINT ACTUALLY FOR CIRM.

6 MR. TORRES: OKAY. MR. TOCHER, NEXT,
7 SCOPE.

8 MR. TOCHER: I THINK JUST TO THE POINT
9 THAT JEFF JUST MADE WITH REGARD TO OUR RECENT
10 PARTNERING AND LEVERAGING OF RESOURCES WITH NIH,
11 THIS PERTAINS TO THE SCOPE OF THE SCIENCE THAT'S
12 FUNDED, WHICH IS DESCRIBED IN THE INITIATIVE. AND
13 IT INDICATES, OF COURSE, THAT PROP 71 IS TO FUND
14 STEM CELL RESEARCH AND OTHER VITAL RESEARCH
15 OPPORTUNITIES. AND IT ESTABLISHES A PRIORITY FOR
16 PLURIPOTENT AND PROGENITOR CELL RESEARCH AND
17 CONTAINS THE PHRASE "UNLIKELY TO RECEIVE ADEQUATE OR
18 TIMELY NIH FUNDING." AS PART OF THIS PROCESS OF
19 IDENTIFYING WHAT ARE VITAL RESEARCH OPPORTUNITIES,
20 IT REQUIRES THE GRANTS WORKING GROUP TO ULTIMATELY
21 DETERMINE WHETHER A GIVEN PROPOSAL FULFILLS THAT
22 ELEMENT.

23 AND, OF COURSE, THAT WAS AS ENVISIONED
24 WHEN THE INITIATIVE WAS WRITTEN. BUT IN PRACTICE,
25 AS I THINK YOU'VE SEEN, IT'S THE ICOC, OF COURSE,

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1 THE FULL BOARD, THAT ESTABLISHES THE PROGRAM
2 STRUCTURES WHICH INCLUDE THE ELIGIBILITY
3 REQUIREMENTS AND IN SOME CASES THE TYPE OF
4 TECHNOLOGICAL FOCUS, WHICH IS DONE HERE, FULL BOARD
5 MEETINGS, IN PUBLIC, WITH THE BENEFIT OF PUBLIC
6 COMMENT TO HELP INFORM THAT PROCESS.

7 AND AS JEFF JUST OBSERVED, FOR INSTANCE,
8 WE ACTUALLY LOOK AT THE BENEFITS AND THE UPSIDES OF
9 CERTAIN PARTNERSHIPS THAT WE HAVE WITH INSTITUTIONS
10 SUCH AS THE NIH EVEN IF THAT FUNDING IS ULTIMATELY
11 SOMEWHAT UNPREDICTABLE FROM YEAR TO YEAR. SO I
12 THINK THE CHALLENGE HERE IS TO SEE HOW WE CAN
13 CAPTURE CIRM'S ABILITY TO CONTINUE TO FUND NEW AND
14 INNOVATIVE TECHNOLOGIES.

15 AND SO SOME OF THE IDEAS AND SOME OF THE
16 FEEDBACK FROM THE DISCUSSION AT THE JOINT
17 SUBCOMMITTEE WAS TO SIMPLIFY THIS APPROACH TO
18 ELIMINATE ANY REFERENCE WHAT THE VALUE THAT CIRM
19 BRINGS TO THE TABLE IS REGARDLESS OF NIH'S POSTURE
20 OR ABILITY FROM ONE YEAR TO THE NEXT AND THAT OUR
21 VALUE STANDS ON ITS OWN.

22 TO ENSURE AS WELL THAT THE SCOPE AND REACH
23 OF OUR FUNDING PROGRAMS BE DETERMINED AT THE ICOC
24 LEVEL AS OPPOSED TO A MULTISTEP PROCESS. AND
25 SPECIFICALLY WITH THE DEFINITION TO THE TECHNOLOGIES

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1 THAT WOULD BE REACHED IN THE NEW INITIATIVE, THAT WE
2 EXPAND THE DEFINITION TO INCLUDE REGENERATIVE
3 MEDICINE WITH A DEFINITION THAT IS CONSISTENT WITH
4 HOW THAT TERM IS USED AT THE NIH, FDA, AND OTHER
5 LARGE INSTITUTIONS. SO THAT WAS THE FEEDBACK.

6 MR. TORRES: DR. MILLAN, DID YOU HAVE
7 INPUT BEFORE WE MOVE TO THE BOARD MEMBERS ON THIS
8 ISSUE?

9 DR. MILLAN: NOTHING TO ADD.

10 MR. TORRES: ANYONE ELSE? NOTHING FROM
11 OUR PROGRAMMATIC CHAIR? ALL RIGHT. ANY OTHER
12 COMMENTS FROM THE PUBLIC? ANY PUBLIC COMMENTS AT
13 OUR SITES? WORKING GROUPS, ANOTHER CONTROVERSIAL
14 ISSUE.

15 MR. TOCHER: WE ARE WINDING DOWN, THE
16 PENULTIMATE SLIDE.

17 SO IN ADDITION TO SOME OF THE CONSTRAINTS
18 THAT WE TALKED ABOUT THE PROPOSITION ON THE
19 FUNCTIONS, FOR INSTANCE, OF THE GRANTS WORKING
20 GROUP, IT'S FAIRLY DETAILED ABOUT THE CURRENT
21 PROPOSITION ABOUT THE GRANTS WORKING GROUP'S
22 COMPOSITION AS WELL AS THE RESPONSIBILITIES.

23 IN PRACTICE WHAT THE GRANTS WORKING GROUP
24 PANELS HAVE BEEN MOST UTILIZED FOR ARE TAILORED TO
25 REVIEWS WHERE, AS I SAID A MOMENT AGO, THE PRIMARY

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1 POLICY CALLS IN TERMS OF THE TARGETS OF THE FUNDING
2 AND THE TECHNOLOGIES IS DONE AT THE LEVEL OF THE
3 ICOC IN THE CONTEXT OF CONSIDERING AND ADOPTING AND
4 REFINING YOUR CONCEPT PLANS.

5 IN ADDITION, THE CLINICAL STAGE PROGRAMS
6 HAVE VARIED EXPERTISE REQUIREMENTS THAT SOMETIMES
7 CAN BE A CHALLENGE WITH REGARD TO THE RESTRICTIVE
8 LANGUAGE IN THE EXISTING PROPOSITION.

9 SO SOME OF THE IDEAS THAT WERE DISCUSSED
10 AT THE SUBCOMMITTEE LEVEL WERE ALLOWING A RANGE
11 OF -- RIGHT NOW GIVEN THE SCIENTIST REQUIREMENT IS
12 FIXED, THAT INSTEAD, TO ALLOW FLEXIBILITY IN FUTURE
13 REVIEWS, THAT THE BOARD BE ALLOWED TO CREATE PANELS
14 OF VARIED NUMBERS OF SCIENTIFIC EXPERTISE TO ALLOW
15 US TO ENSURE THAT A GIVEN PANEL MEETS THE DEMANDS OF
16 THE APPLICATIONS WITHIN THAT CONSIDERATION ROUND,
17 DONE SO MINDFUL, OF COURSE, OF NOT DILUTING THE
18 PARTICIPATION OF THE OTHER MEMBERS OF THE WORKING
19 GROUP, SUCH AS THE PATIENT ADVOCATES.

20 ANOTHER IDEA WAS TO SIMPLIFY WHAT IS NOW A
21 STAGGERED TERM APPOINTMENT OF WORKING GROUP MEMBERS
22 TO MULTIPLES OF SIX YEARS. THERE WAS A SUGGESTION
23 OF SOMETHING AS LONG AS TEN YEARS, BUT THE JOINT
24 SUBCOMMITTEE THOUGHT THAT PEOPLE GET LONG IN THE
25 TOOTH AT THAT POINT, I GUESS.

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1 FINALLY, REEXAMINE THE GRANTS WORKING
2 GROUPING ROLE IN RECOMMENDING CRITERIA AND AWARD
3 MONITORING. AS YOU KNOW, THE AWARD MONITORING
4 FUNCTION LARGELY EXISTS INTERNALLY AT CIRM WITH OUR
5 SCIENTIFIC TEAMS THAT MEET REGULARLY WITH PROGRAM
6 TEAM MEMBERS. AND IN SOME OF OUR TRAN AND, OF
7 COURSE, CLIN AWARDS ARE ACTIVELY ENGAGED IN
8 IDENTIFYING RISKS TO THE PROGRAM AND MAKING SURE
9 THAT THE TEAM IS EQUIPPED TO MEET THOSE CHALLENGES.

10 MR. TORRES: I REMEMBER AND RECALL,
11 WITHOUT BEING REMINDED, OF WHAT DR. STEWARD SAID AT
12 OUR COMMITTEE MEETING ABOUT THE SIX-YEAR ISSUE OR
13 THE TEN-YEAR ISSUE. I THOUGHT IT WAS A VERY PRECISE
14 STATEMENT THAT OUGHT TO BE REPEATED TO THE BOARD.

15 DR. STEWARD: DO I HAVE TO REMEMBER
16 EXACTLY WHAT I SAID?

17 MS. BONNEVILLE: READ THE TRANSCRIPT.

18 DR. STEWARD: I SAID THAT TEN YEARS WAS
19 WAY TOO LONG, AND THAT THERE IS AN ISSUE OF JUST
20 ASKING PEOPLE TO DEVOTE THAT MUCH TIME. IF I WAS
21 ASKED TO DO ANYTHING FOR A TEN-YEAR PERIOD, I THINK
22 I WOULD SAY NO UPFRONT. I DO THINK THAT THAT ALONG
23 WITH THE FACT OF NEED FOR REJUVENATION IN A GROUP
24 THAT SEEKS REGENERATIVE MEDICINE IS IMPORTANT.

25 MR. TORRES: YOU WOULD FAVOR NOT TEN

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1 YEARS, BUT EVEN LESS THAN SIX?

2 DR. STEWARD: I THINK SIX HAS WORKED WELL.
3 IT'S NOT INDENTURED SERVITUDE. IF SOMEONE DOESN'T
4 WANT TO CONTINUE, THEY DON'T AND PEOPLE HAVEN'T. SO
5 I THINK THAT'S FINE, BUT TEN YEARS, I THINK, IS WAY
6 TOO LONG, FRANKLY. THANK YOU.

7 MR. TORRES: ANY OTHER COMMENTS, INPUT?
8 PUBLIC INPUT? PUBLIC INPUT FROM OUR SITES? ALL
9 RIGHT. MOVING RIGHT ALONG.

10 MR. TOCHER: LASTLY, IN TERMS OF OUR
11 PRECEPT HER OF IDEAS REGARDS PROPOSAL OR SUGGESTION
12 THAT PERHAPS ADDITIONAL AUTHORITY IN A NEW
13 PROPOSITION ALLOW THE AGENCY TO SUPPLEMENT ITS
14 EXISTING WORKING GROUPS, ITS EXISTING THREE WORKING
15 GROUPS, ESPECIALLY THE GRANTS WORKING GROUP, TO
16 PROVIDE FOR THE ABILITY TO CREATE AD HOC REVIEW
17 PANELS THAT WOULD ADDRESS PROGRAMS OR INITIATIVES
18 SUCH AS INFRASTRUCTURE INITIATIVES WHICH MAY HAVE
19 UNIQUE REQUIREMENTS IN TERMS OF EXPERTISE AS OPPOSED
20 TO PURELY SCIENTIFIC.

21 THERE WAS SOME RESISTANCE, HOWEVER, TO THE
22 NOTION THAT THAT WOULD BE NECESSARY. THIS WAS THE
23 DISCUSSION AT THE JOINT SUBCOMMITTEE. AND, INSTEAD,
24 IT WAS THOUGHT THAT PERHAPS CIRM SHOULD NOT -- THAT
25 SUCH INFRASTRUCTURE PROGRAMS MIGHT BE CONSIDERED

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1 MORE OF A DISTRACTION FROM OUR CORE MISSION AND THAT
2 WE SHOULD INSTEAD REDOUBLE OUR COMMITMENT TO PURELY
3 SCIENTIFIC INITIATIVES AND IN THAT EFFORT TO
4 REESTABLISH THAT FOCUS, MEMBER SHEEHY OBSERVED THAT
5 THERE MIGHT BE AN EXPANDED ROLE PERHAPS FOR THE
6 STANDARDS WORKING GROUP OR ANOTHER TO EVALUATE
7 IMPORTANT ISSUES REGARDING ACCESSIBILITY TO CURES
8 AND CELL THERAPIES FUNDED BY CIRM AS WELL AS THE
9 PRICING CHALLENGES THAT WILL COME AS THESE THERAPIES
10 AND CURES ARE BROUGHT TO MARKET. AND THAT WE SHOULD
11 EVEN CONSIDER ADVOCATING FOR A ROLE IN EXPANDING
12 RESEARCH FOR EXPLORING THE ISSUES AND WEIGHING IN ON
13 THEM. JEFF, I DON'T KNOW IF THAT CAPTURED IT.

14 MR. SHEEHY: SO I THINK LIKE TWO ISSUES
15 ARE BEING MATCHED UP. SO I PERSONALLY WAS NOT KEEN
16 ON REALLY DOING A LOT OF INFRASTRUCTURE PROJECTS.
17 WE'VE DONE THEM IN THE PAST, AND WE HAVE BEEN ABLE
18 TO ASSEMBLE WORKING GROUPS THAT ARE FAIRLY DIVERSE.
19 BUT, IN GENERAL, INFRASTRUCTURE IS NOT CIRM'S
20 WHEELHOUSE. THE ONE THING THAT NIH DOES ARE THESE
21 BIG, COLLABORATIVE, MULTI-INSTITUTION PROJECTS.
22 THEY'RE VERY GOOD AT THAT, AT LEAST IT'S BEEN MY
23 EXPERIENCE. WHERE WE'VE BEEN REALLY GOOD AT, AND I
24 THINK DR. OLSON WAS TALKING ABOUT THIS, IS GETTING
25 THE IDEA AT THE DISCOVERY STAGE, MOVING IT THROUGH

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1 ALL THESE OTHER STAGES, AND GETTING INTO A PRODUCT
2 THAT'S IN CLINICAL TRIAL, AND NOW WE'RE EVEN
3 PARTNERING THEM WITH INDUSTRY. THAT'S OUR STRONG
4 SUIT. SO WE CAN'T DO EVERYTHING.

5 AND TO MY MIND THE BIG INFRASTRUCTURE
6 PROJECTS ARE A BIT OF A DISTRACTION. THEY'RE HARD
7 TO MANAGE. THEY CAN BE BURDENSOME ON STAFF. THEN
8 YOU MIGHT WANT TO START LOOKING AT RAISING THE STAFF
9 LIMIT BECAUSE YOU'RE RUNNING THESE BIG
10 INFRASTRUCTURE PROJECTS. AGAIN, THE NIH DOES THIS
11 REALLY WELL.

12 THE SECOND POINT WAS GOING BACK TO THE
13 GENESIS OF CIRM WHEN A LOT OF OUR EARLY STAGE
14 FOUNDATIONAL PROJECTS, LIKE OUR NATIONAL FIRST
15 TRAINING GRANTS, ALL HAD ELSI COMPONENTS, WHICH ARE
16 ETHICS, LEGAL, SOCIAL -- ETHICAL, LEGAL, AND SOCIAL
17 IMPLICATIONS. AND BOB KLEIN IN A BLOG POST WAS
18 TALKING ABOUT ONE OF THE KEY IMPLICATIONS OF OUR
19 RESEARCH WHICH IS WHO'S GOING TO PAY FOR IT. THESE
20 ARE VERY EXPENSIVE PRODUCTS. AND TO ME THIS SEEMS
21 TO SUGGEST THAT WE MIGHT WANT TO SET ASIDE A SMALL
22 PERCENTAGE OF THE NEW BOND FUNDING, LIKE MAYBE HALF
23 OF A PERCENT, WHICH DOESN'T SOUND LIKE MUCH EXCEPT
24 WHEN YOU'RE TALKING ABOUT \$5 BILLION, THAT IS A FAIR
25 AMOUNT OF MONEY FOR THIS TYPE OF RESEARCH.

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1 WE STILL HAVE ETHICAL ISSUES THAT COME UP.
2 LOOK AT GENOME EDITING, RIGHT. AND THE STANDARDS
3 WORKING GROUP HAS REALLY CUT BACK FROM WHAT THEY DO.
4 WE ARE GOING TO HAVE TO TALK, NOT JUST ABOUT
5 FUNDING, BUT ALSO EQUITY ISSUES, WHICH WE'VE KIND OF
6 GLOSSED OVER, AND REALLY THAT BECOMES A SOCIAL
7 ISSUE, THAT'S AN ETHICAL ISSUE. AND SO REALLY
8 HAVING THAT TYPE OF RESEARCH BE PART OF OUR MISSION
9 GOING FORWARD, I THINK, WOULD BE A SUBSTANTIAL
10 CONTRIBUTION. AND ALREADY WE HAVE THIS RELATIONSHIP
11 BETWEEN SENATOR TORRES AND COVER CALIFORNIA AND THIS
12 BODY, BUT WE DON'T REALLY HAVE A MECHANISM TO
13 PROMOTE THE KIND OF EVIDENCE BASED BECAUSE THAT'S
14 THE KEY THING. WE NEED AN EVIDENCE-BASED DIALOGUE
15 ON ISSUES LIKE COST, REIMBURSEMENT, DISSEMINATION,
16 AND PROVISION OF THESE PRODUCTS AS WE GET THEM
17 THROUGH THE PIPELINE.

18 MR. TORRES: THE BOARD SHOULD KNOW THAT AS
19 A RESULT OF MY OTHER RESPONSIBILITY, I BROUGHT TO
20 CIRM THE LEAD NEGOTIATOR FOR COVER CALIFORNIA WITH
21 THIRD-PARTY PAYERS AND BLUE SHIELD AND HIGHEST
22 OFFICERS OF BLUE SHIELD AND KAISER -- THEY HAD TO
23 WALK A LONG DISTANCE, AS YOU CAN SEE -- TO HERE TO
24 BEGIN THE DISCUSSIONS SO THAT WE EDUCATE THEM AS TO
25 WHAT POTENTIAL TREATMENTS ARE IN STORE.

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1 AND ONE OF THE PIVOTAL ISSUES THAT I'VE
2 BEEN TRYING TO EDUCATE THIRD-PARTY PAYERS IS THAT WE
3 SPEND 40 BILLION IN CALIFORNIA ALONE JUST FOR
4 DIABETIC CARE. IF WE CAN COME UP WITH A TREATMENT
5 THAT WILL HELP THAT, IMAGINE THE COSTS THAT WILL BE
6 REDUCED TO YOU AS THIRD-PARTY PAYERS OF SO MANY
7 OTHER ANCILLARY ISSUES THAT ARE RELATED TO DIABETES
8 THAT WE HAVE TO TAKE CARE OF NOW.

9 SO THAT'S PART OF THE ISSUE. THE OTHER,
10 OF COURSE, THE OTHER POPULATIONS OUT THERE THAT I
11 KNOW JEFF HAS BEEN VERY INVOLVED WITH WITH HIV, AND
12 WE'VE SEEN WHERE THAT HAS LED. I CAN'T BEAT YOU,
13 DAVE, ON HOW MANY YEARS WE'VE DONE RESEARCH. MY
14 FIRST GRANT WAS FOR 25 MILLION IN 1982 IN HIV
15 FUNDING. NOBODY HEARD OF IT BEFORE. LOOK HOW LONG
16 IT'S TAKEN US TO GET TO THIS POINT WHERE WE'RE
17 GETTING ON THE CUSP OF POTENTIAL CURES.

18 SO I THINK OF ALL OF THESE ISSUES THE
19 TREATMENT DYNAMIC, THE REIMBURSEMENT DYNAMIC IS
20 GOING TO BE A KEY AS WE PUT ON OUR HATS AND FIGURE
21 OUT JUST WHERE THE POPULATION IS, HOW DO WE DEAL
22 WITH THE TRUMP AGENDA THAT WANTS TO DESTROY
23 OBAMACARE, AND WHAT KIND OF SUBSIDIES DO WE PROVIDE
24 FOR THE PREMIUM COSTS THAT EVERY CALIFORNIAN MUST
25 ENDURE AS WE MOVE FORWARD. JEFF IS ABSOLUTELY

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1 RIGHT. WE ARE ON THIS CUSP OF TRYING TO FIGURE OUT
2 NEXT STEPS, THE FUTURE, AND ESPECIALLY HOW WE
3 ALLEVIATE THE PAIN OF A PATIENT NOT HAVING TO WORRY
4 ABOUT PAYING FOR A TREATMENT.

5 DR. PRIETO: I THINK THIS IS GREAT. I
6 THINK PART OF THE PROBLEM IS THAT A THIRD-PARTY
7 PAYER, AS IS THE MODEL FOR BUSINESS IN MOST OF
8 AMERICA, I THINK, ARE ALWAYS AND ALMOST EXCLUSIVELY
9 FIXATED ON WHAT IS OUR RETURN IN THE NEXT QUARTER
10 AND THIS YEAR, AND VERY HARD TO CHANGE THAT FOCUS TO
11 WHAT IS THE LONG-TERM VIEW. WHAT DOES IT REALLY
12 MEAN TO PREVENT OR TREAT CANCER AND GIVE A PERSON
13 ANOTHER 20 YEARS OF PRODUCTIVE LIFE? THAT'S MORE OF
14 A LARGER SOCIAL ISSUE.

15 I'VE WAITED AND HOPED MY ENTIRE CAREER TO
16 SEE US HAVE SOME SORT OF A RATIONAL HEALTHCARE
17 SYSTEM IN WHICH WE TOOK THAT KIND OF A LONG VIEW. I
18 STILL HOPE WE MIGHT GET THERE SOMEDAY. I'M NOT
19 HOLDING MY BREATH THAT THE THIRD-PARTY PAYERS ARE
20 GOING TO PUSH THAT, BUT I HOPE WE WILL SEE IT.

21 MR. TORRES: QUITE FRANKLY, THE REASON
22 OBAMACARE DIDN'T GO DOWN THE TUBES IS BECAUSE OF THE
23 THIRD-PARTY PAYERS AND THEIR SUPPORT BECAUSE IT WAS
24 ESSENTIAL TO THEIR PRODUCTIVITY.

25 DR. PRIETO: SURE. THEY WANT THE

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1 CUSTOMERS. AT SOME LARGER LEVEL YOU HAVE TO IMPOSE
2 A LARGER VIEW UPON THAT SYSTEM. OTHER PEOPLE HAVE
3 DONE THIS SUCCESSFULLY. LOOK AT THE UK AND THEIR
4 ORGANIZATION WITH MAYBE THE BEST ACRONYM OF ALL, THE
5 NICE, THE NATIONAL INSTITUTE FOR CLINICAL
6 EXCELLENCE, AND THEY LOOK AT THESE LARGER PICTURES
7 AND DECIDE WHAT IS TO BE SPENT AND WHAT SHOULD BE
8 SPENT ON WHAT AND TAKE A LONG-TERM VIEW. I HOPE
9 WE'LL GET THERE. THAT'S OBVIOUSLY BEYOND THE SCOPE
10 OF THIS, BUT ULTIMATELY THAT'S THE SOLUTION.

11 MR. SHEEHY: JUST A QUICK COMMENT TO DR.
12 PRIETO'S POINT. WITHIN OUR CURRENT SYSTEM, IF WE
13 CAN PROVIDE EVIDENCE AND DATA, PEOPLE WILL ACT. I
14 LIKE TO USE THE EXAMPLE OF KAISER WITH PREEXPOSURE
15 PROPHYLAXIS FOR HIV. THEY WERE ONE OF THE FIRST AND
16 MOST AGGRESSIVE EARLY ADOPTERS OF THIS, WHICH IS
17 BASICALLY YOU GIVE A PILL, ANTIRETROVIRAL PILL, IT
18 HAS TWO DRUGS IN IT, YOU GIVE IT ON A DAILY BASIS TO
19 PEOPLE WHO AREN'T INFECTED. IT'S 95 PERCENT
20 EFFECTIVE IN PREVENTING NEW INFECTIONS, PROBABLY 99
21 PERCENT OR MORE. LIKE WHY WOULD KAISER GO TO
22 PATIENTS WHO ARE NOT USING ANTIRETROVIRAL DRUGS BUT
23 AT HIGH RISK FOR HIV AND SUDDENLY MAKE THIS
24 EXPENDITURE? IT IS SOMEWHAT OF A CLOSED SYSTEM IN
25 THAT THEY TEND TO TAKE PATIENTS FOR A LONG TERM, AND

1 ALSO THEY HAVE THE BEST ELECTRIC HEALTH RECORDS FOR
2 THE LONGEST PERIOD OF TIME OF ANYBODY IN CALIFORNIA.

3 SO THEY WERE ABLE TO LOOK AND MODEL OUT
4 THAT THIS WOULD BE COST-EFFECTIVE, THAT WE COULD
5 GIVE PEOPLE THIS INTERVENTION FOR PERIODS IN THEIR
6 LIFE WHEN THEY'RE SEXUALLY ACTIVE KNOWING THAT WE'RE
7 NOT GOING TO BE RESPONSIBLE FOR PROVIDING HIV CARE.
8 AND NOT ONLY JUST THE COST OF THE ANTIRETROVIRALS
9 WHERE THEY'VE ACTUALLY GOT GOOD DATA SHOWING HIGHER
10 RATES OF NON-HIV RELATED CANCERS, SOME
11 CARDIOVASCULAR DATA IN PEOPLE WITH HIV. SO THEY'RE
12 LOOKING AT THE COST OF AN HIV PATIENT VERSUS THE
13 COST OF PROVIDING THIS INTERVENTION, WHICH, ALBEIT
14 SLIGHTLY EXPENSIVE, IS BALANCED OUT BY THIS LARGER
15 COST.

16 SO THAT'S WHAT I'M KIND OF WANTING TO
17 POINT TO AND ALSO NEW MODELS OF PAYING. LIKE CAN
18 YOU AMORTIZE A MILLION DOLLAR PAYMENT OVER 20 YEARS
19 IF IT CURES A PATIENT, SAY, WITH SICKLE CELL? THE
20 NUMBERS ADD UP, BUT YOU HAVE TO HAVE THE DATA IN
21 ORDER TO PERSUADE THE PAYERS, AND YOU HAVE TO CREATE
22 NEW MODELS OF PAYMENT POTENTIALLY TO DO IT, AND WE
23 SHOULD BE IN THE FOREFRONT OF THAT.

24 MR. TORRES: AND THAT'S KEY TO WHAT YOU'RE
25 DISCUSSING. THE NOTION OF CURRENT THIRD-PARTY

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1 PAYERS BEING IN THAT MIX IS NOT LOOKING AT THE LONG
2 TERM. YOU MAY COME UP WITH DIFFERENT PAYMENT
3 OPPORTUNITIES AND FORMULAS WHICH WE'RE NOT EVEN
4 THINKING ABOUT NOW, BUT YOU JUST DID.

5 CHAIRMAN THOMAS: SO I TOTALLY AGREE WITH
6 ALL OF THESE COMMENTS THAT STEM FROM POINT 2 THAT
7 MR. SHEEHY MADE IN HIS ORIGINAL COMMENTS ON THIS
8 ITEM.

9 I DO WANT TO PLAY DEVIL'S ADVOCATE AND
10 SPEAK ON BEHALF OF INFRASTRUCTURE. WHILE IT MAY NOT
11 BE PART OF THE CORE MISSION, I THINK IT'S
12 UNQUESTIONABLY VERY COMPLEMENTARY TO IT. FOR
13 EXAMPLE, THE ALPHA CLINICS, WHICH I THINK ARE A
14 ONE-OF-A-KIND NETWORK THAT HAVE BEEN SET UP TO GIVE
15 THE SOUP-TO-NUTS TREATMENT TO THOSE WHO ARE LOOKING
16 TO GET INTO CLINICAL TRIALS THAT CAN ACTUALLY DO
17 SOMETHING AS OPPOSED TO FALLING PREY TO THE SNAKE
18 OIL GUYS OUT THERE THAT ARE PEDALING THEIR WARES AND
19 ACHIEVING NOTHING FOR PATIENTS.

20 SIMILARLY, I THINK THE IPS CELL BANK,
21 WHICH ULTIMATELY WILL HAVE 2500 LINES, ALL OF WHICH
22 WILL BE MADE AVAILABLE TO THE PUBLIC TO DO RESEARCH
23 ON IN CONNECTION WITH THE CONDITIONS INVOLVED IN
24 THOSE LINES IS A VERY VALUABLE SERVICE AND ANOTHER
25 ONE OF OUR INFRASTRUCTURE PROGRAMS.

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1 SO I THINK THAT PERHAPS ON A CASE-BY-CASE
2 BASIS WE CAN ANALYZE WHETHER INFRASTRUCTURE IS WORTH
3 DOING, BUT I WOULD ARGUE THAT WE CERTAINLY HAVE HAD
4 SOME THAT ARE MAKING A MAJOR CONTRIBUTION.

5 MS. WINOKUR: THANK YOU. I WOULD SUGGEST
6 THAT WE LOOK BACK LONG TIME AS SOME OF THE THINGS WE
7 HAD TO DEAL WITH IN THE BEGINNING. LOOK AT WHAT
8 PEOPLE ARE STILL SURVIVING AND WHETHER THEY MAYBE
9 COME TO DO THE SAME THING AT MEETINGS ABOUT CIRM.
10 LOOK AT SOME OF THE ISSUES THAT WERE BEING RAISED SO
11 THAT WE CAN BE MORE AWARE OF WHERE SOME OF THE
12 CRITICISMS ARE GOING TO COME FROM.

13 MR. TORRES: ALL RIGHT. THANK YOU VERY
14 MUCH.

15 ANY OTHER PUBLIC COMMENT ON THIS LAST
16 ISSUE BEFORE US, BEFORE THE REPORT? IF NOT, I JUST
17 WANTED TO SAY A VERY GRATEFUL THANK-YOU TO
18 DR. MILLAN FOR YOUR INPUT THROUGHOUT THIS PROCESS,
19 TO OUR CHAIRMAN, J.T., AND ALSO TO OUR CO-CHAIR,
20 MR. SHEEHY, AND THE MEMBERS OF THE SCIENCE COMMITTEE
21 THAT PARTICIPATED IN THE GOVERNANCE COMMITTEE THAT
22 PARTICIPATED IN THIS DISCUSSION. IT WAS VERY ROBUST
23 AND FOR ME VERY EDUCATIONAL BECAUSE WE GOT TO HEAR
24 THE HISTORY FROM THE OLD GUYS -- YEAH, JEFF. YOU'RE
25 AN OLD GUY. YOU'RE A VETERANO -- FROM THE SENIOR

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1 PEOPLE WHO WERE HERE AT THE BEGINNING, AND WE DON'T
2 OFTEN GET THAT PERSPECTIVE.

3 I THINK THAT WAS EXTREMELY IMPORTANT FOR
4 THE DISCUSSION WE HAD IN THE COMMITTEE AND CLEARLY
5 FOR THE DISCUSSION WE HAVE HAD HERE. I JUST WANT TO
6 THANK ALL OF YOU WHO PARTICIPATED FOR YOUR VERY
7 THOUGHTFUL INPUT. IT'S GOING TO BE WELL HEARD.

8 SECONDLY, HISTORY ALSO HAS A WAY OF
9 PROVIDING US PERSPECTIVE, AND THAT'S WHY I'VE SENT
10 TO EACH OF THE BOARD MEMBERS A COPY OF THE IOM
11 REPORT SO YOU CAN READ IT AT YOUR LEISURE, HA-HA,
12 AND, TWO, A COPY OF THE HOUSE OF LORDS REPORT SO YOU
13 CAN THRIVE ON THE GENEROSITY OF THE ENGLISH TOWARD
14 OUR ENDEAVOR HERE IN CALIFORNIA. SO YOU HAVE BOTH
15 REPORTS, WHICH IS ALSO A GOOD FRAMEWORK FOR HISTORY
16 FOR HISTORICAL PERSPECTIVE.

17 AND, LASTLY, I JUST WANT TO THANK DOUG AND
18 MARIA BONNEVILLE FOR THEIR HELP IN HELPING PUT THIS
19 MEETING TOGETHER AND THE STATEMENT.

20 AND, LASTLY, BUT NOT LEAST, I WANT TO
21 THANK SCOTT TOCHER. HE HAS WORKED SO HARD ON THIS
22 EFFORT, AND I THINK HE GOT TO EDUCATE HIMSELF A
23 LITTLE BIT MORE ABOUT CIRM, AT LEAST YOU SEEMED MUCH
24 MORE INTELLIGENT ABOUT OUR PROVISION.

25 CHAIRMAN THOMAS: NOTHING LIKE DAMNING

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1 WITH FAINT PRAISE.

2 MR. TORRES: HE KNOWS WHAT I MEAN AND HE
3 KNOWS HOW GRATEFUL I AM FOR HIS INPUT AND ALWAYS
4 BEING THERE FOR THE COMMITTEE AND FOR THE AGENCY.
5 HERE IN THIS EFFORT, I JUST WANT TO THANK YOU AGAIN,
6 SCOTT, BECAUSE YOUR EFFORT AND YOUR WISDOM AND YOUR
7 SUPPORT, AND YOUR LEGAL COUNSEL HAS BEEN ABSOLUTELY
8 BENEFICIAL TO THIS EFFORT.

9 AND TO GEORGE, WHEN YOU SAY WILL WE REAP
10 THE ECONOMIC BENEFITS, WHEN WILL WE KNOW ABOUT THAT?
11 WELL, THERE IS A DRAFT UNDERGOING NOW, AND PROBABLY
12 BY THE FALL WE SHOULD HAVE A FINAL REPORT OF THE
13 ECONOMIC IMPACT WE HAVE HAD ON CALIFORNIA. WE DID
14 THAT INITIALLY WITH BERKELEY IN THE PAST BACK IN
15 2014 AND ANOTHER REPORT THEREAFTER. AND THIS WILL
16 BE A REPORT GIVEN THE CONTEMPORARY PROGRAMS THAT
17 WE'VE BEEN INVOLVED WITH, THE CONTEMPORARY RESULTS
18 THAT WE'VE BEEN RECEIVING, AND A MUCH MORE
19 CONTEMPORARY, INSTANTANEOUS REVIEW OF JUST WHAT OUR
20 ECONOMIC BENEFIT HAS BEEN TO THE STATE OF
21 CALIFORNIA. AND I WOULD VENTURE TO SAY THAT IT'S
22 GOING TO BE A PRETTY GOOD REPORT.

23 THANK YOU, MR. CHAIRMAN. I LEAVE IT BACK
24 TO YOU.

25 CHAIRMAN THOMAS: THANK YOU, MR. SENATOR.

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1 I ECHO YOUR COMMENTS ABOUT SCOTT. THE FULLY
2 PRAISEWORTHY COMMENTS, NOT THE SORT OF --

3 MR. TORRES: HE'S SCOTTISH. HE
4 UNDERSTANDS.

5 CHAIRMAN THOMAS: IT WAS A GREAT
6 DISCUSSION, AND I THINK IT WILL BE VERY HELPFUL TO
7 PASS ALL THIS ALONG TO BOB TO HELP INFORM THE
8 WRITING OF THE NEW INITIATIVE.

9 DO WE HAVE ANY PUBLIC COMMENT ON ANYTHING
10 OF ANY NATURE FROM ANY SITE? HEARING NONE, OUR NEXT
11 REGULARLY SCHEDULED IN-PERSON MEETING IS IN
12 SEPTEMBER.

13 MS. BONNEVILLE: I'M SURE WE DO. I DON'T
14 KNOW. I SHUT DOWN MY COMPUTER. END OF SEPTEMBER.

15 MR. TORRES: SHE WAS HOPEFUL.

16 CHAIRMAN THOMAS: ANYWAY, WITH THAT --

17 MR. TOCHER: 25TH.

18 CHAIRMAN THOMAS: SEPTEMBER 25TH. WITH
19 THAT, EVERYBODY HAVE A WONDERFUL HOLIDAY WEEKEND.
20 AND WE STAND ADJOURNED.

21 (THE MEETING WAS THEN CONCLUDED AT 1:44 P.M.)

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE AND THE APPLICATION REVIEW SUBCOMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD AT THE LOCATION INDICATED BELOW

1999 HARRISON STREET
SUITE 1650
OAKLAND, CALIFORNIA
ON
MAY 23, 2019

WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
133 HENNA COURT
SANDPOINT, IDAHO
(208) 255-5453